



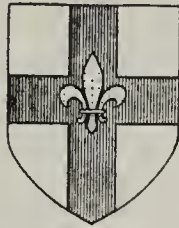
CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1967

*Including Reports of
The Principal School Medical Officer
and The Chief Public Health Inspector*

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1967

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
Medical Officer of Health

To: The Right Worshipful The Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

I am pleased to present my Annual Report on the health of the City for the year 1967.

There was an increase in the population from 76,720 to 77,150 which was largely due to the fact that the boundary was extended, the area of the City being increased from 7,517 to 8,825 acres.

For the third successive year, there was a slight decrease in the number of live births in Lincoln. In 1967 there were 1,274 births giving a Live Birth Rate per 1,000 of the population of 17.01, compared with 17.2 for England and Wales. The illegitimate births, however, increased in 1967 giving an Illegitimate Birth Rate per cent of the total live births of 10.67, which was higher than the Rate for England and Wales (8.4).

Despite the reduction in the number of births during the year, there was only a slight reduction in the average attendance at the Infant Welfare Clinics — 39.3 compared with 40.6 in 1966. During the latter half of the year, attendances at St. Luke's Clinic on the Birchwood Estate varied between 50 and 75 and it has become obvious that a further session is now required each week. It is hoped that a purpose-built Clinic/Surgery will be built on the Estate during 1968 and it will then be possible to hold the additional infant welfare sessions required. Unfortunately, due to financial restrictions, no progress was made in the proposal to build a new clinic on the Boultham Park site.

There was again a reduction in the number of home confinements attended by the District Midwives, 415 compared with 468 in the previous year and their total visits were also less. The reduction was partly due to the diminished number of births during the year and partly because more women were confined in hospital. When the new Maternity Home is in use and a greatly increased number of maternity beds are available, the number of domiciliary confinements will be considerably less and consideration will have to be given to the redeployment of the domiciliary midwives at a suitable time in the future. The provisions of the Health Services and Public Health Bill, when enacted, will make this easier to achieve as there will be no barrier to the employment of Local Authority midwives in hospital and vice-versa. The radio-control system for the Midwifery Service was in operation during the whole of 1967 and was an unqualified success. A number of General Practitioners in the City, realising the advantages of this radio equipment, decided to test the system and purchase their own sets using, with the approval of the Health Committee, the Control Centre at the Ambulance Station. This means of communication is of benefit to the patients and the doctors as hitherto a doctor on his rounds was most difficult to contact, whereas with the radio equipment he can be contacted immediately.

The perinatal mortality rate (38.4), which gives an indication of the quality of the maternity services in the area, showed an increase in 1967 and was greater than the rate for England and Wales as a whole (25.4).

The Home Nursing Service continued to have a full staff and no change took place. An increased number of cases were attended by the nurses and there was also an increase in the number of visits paid. The Night Nursing Service, which is financed by the Marie-Curie Memorial Foundation, to which the Council make an annual grant, has now been in operation for three years and has proved to be a most valuable service to patients and relatives.

The Vaccination and Immunisation programme continued as in previous years without any significant change in the number of children immunised. Although the Ministry of Health informed Local Health Authorities that measles vaccination was available, this was not introduced generally; however, children accepted for admission to the Day Nursery were offered measles vaccination before entry.

The Ambulance Service again conveyed an increased number of patients, in fact the total number of patients carried was 17% greater than that of the previous year. The increase is thought to be due to three factors — conveyance of patients to and from the Day Unit at St. George's Hospital, an increased number of cases conveyed to the Chiropody Clinic and for the first time, the conveyance of children to and from the Special Care Unit. There has been a steady rise in the number of patients carried by the Ambulance Service for the past three years and it is felt that the Service is now stretched to its limits. Despite the urgent necessity for curtailment in Local Health Authority expenditure, it is felt that there must inevitably be an expansion of the Ambulance Service in the near future if an efficient and comprehensive service is to be provided.

The Chiropody Service was again fully extended throughout the year despite the fact that three Chiropodists were employed full-time for most of the year. Even with this additional staff, the demands of the elderly could not be fully met.

The most recent additional Clinic Service provided by the Health Department — The Women's Cytology Service for the early detection of cancer of the cervix — has now been in operation for over three years and continues to be very well attended. It still remains a fact, however, that the less privileged and most vulnerable women in the community are often reluctant to attend the Clinic and it is necessary to take the service to them in their own homes. For this reason, two District Nurses were trained to take smears and to provide a domiciliary cytology service. It is hoped to extend this service in the future.

The gradual expansion of the Home Help Service continued in 1967 and in fact, the total service provided has almost doubled in the past ten years. A particularly valuable part of the service is that provided by the Night Attendants who are employed to give relief to relatives who have often to provide care for long periods. Although difficulties are experienced in recruiting suitable women for this work, nevertheless it is a most worthwhile service which is greatly appreciated.

The service which has shown the most comprehensive development in recent years has been the Mental Health Service and the opening of the Special Care Unit in January, 1967 introduced a provision which has long been needed. The number of children attending the Unit (which is part of the Junior Training Centre, Beaumont Fee) quickly rose to the maximum which could be accommodated. Although certain difficulties were experienced in transporting the children to and from the Centre, this was largely overcome by the adaptation of one of the ambulance vehicles and by the co-operation of the Ambulance Service personnel. It is again worth comparing the situation with that of ten years ago when the total number of mentally subnormal persons attending the Training Centre was 45, whereas now 128 trainees are attending.

During 1967, no infectious disease gave rise to particular concern; however, there was a sharp increase in the number of cases of whooping cough (38 compared with only 1 in the previous year). It became apparent that,

although the disease was not notifiable, an increased number of cases of infective hepatitis were occurring in the City and in the latter part of the year it became obvious that the number of cases had reached epidemic proportions. Experience of the epidemiology of this disease in other areas suggests that when once the disease becomes prevalent, it tends to persist for two to three years before a reduction of cases and an eventual disappearance of the disease takes place.

The incidence of both pulmonary and non-pulmonary tuberculosis has been declining steadily in the past twenty years and in 1967, only 11 cases of pulmonary tuberculosis were notified, the smallest number ever in this City. However, whilst being pleased at this, one must remember that the work of the Chest Physician is in fact increasing due to the number of cases of carcinoma of the bronchus, which increase each year and which are largely due to cigarette smoking.

There was an increase in the number of cases of gonorrhoea during the year (38) and this is the highest number of cases in Lincoln since 1947.

There has been a growing body of opinion that many advantages accrue from schemes of attachment of Health Visitors to General Practitioners. I feel, however, that there are many benefits from a Health Visitor working in one district and whilst a doctor's patients are scattered in all parts of the City, a scheme of Health Visitor attachment cannot work satisfactorily. The General Practitioners in Lincoln are now beginning to 'zone' their practices and as an experiment, two Health Visitors are working with a group of doctors whose patients are mainly resident in the South of the City. These arrangements will continue, but I feel they should evolve slowly and the merits of the scheme should be carefully evaluated.

Ministry of Health Circular 15/67, dated 31st July, 1967 encouraged local health authorities to provide a comprehensive family planning service under the National Health Service (Family Planning) Act, 1967. This Act extended the existing powers of local health authorities in order to enable them to provide advice on contraception and supplies for any persons who need them on social grounds and not (as hitherto) only in medical cases. The Act also empowered authorities to recover the cost of drugs or appliances supplied in non-medical cases. Little progress was made in 1967 to extend the family planning facilities in Lincoln; however, a monthly clinic for the insertion of intra-uterine devices was started for socially deprived mothers of large families who, in the past, have not availed themselves of the facilities available at clinics provided by the local branch of the Family Planning Association.

In accordance with Ministry of Health Circular 1/68, paragraph 7, I have to record that the City Council has not reconsidered the Health Committee's recommendation to increase the fluoride content of the water supply to one part per million, which was rejected on 19th July, 1966.

Two of the District Midwives, Miss D. E. Barker and Mrs. A. M. Chivers retired in August, 1967. They had both given valuable service to the Authority and were presented with long service awards by the City Council.

In conclusion, I should like to express my sincere thanks to the Health Department staff for their loyal service throughout the year. I should also like to thank Mr. E. J. Richardson, J.P., for his interest and support as Chairman of the Health Committee for many years until April, 1967 and Councillor Mrs. S. J. Townend, his successor, for her enthusiasm and encouragement.

R. D. HAIGH,

Medical Officer of Health.

City Health Department, Beaumont Fee,
LINCOLN.

July, 1968.

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HEALTH COMMITTEE, 1967

THE RIGHT WORSHIPFUL THE MAYOR
ALDERMAN SIDNEY ALFRED CAMPBELL, J.P.

Chairman: COUNCILLOR MRS. S. J. TOWNEND

Council Members:

Councillor Dr. R. J. Read	Councillor P. W. Archer
Councillor H. Evans	Councillor R. D. Horner
Councillor Mrs. M. R. Sookias	Councillor A. E. Page

Other Members:

Dr. T. M. O'Brien	Mr. G. H. Kelsey
Mr. D. G. Hutchison	Miss M. Witting
Mr. R. K. Lord	Mrs. E. N. Ward

Maternity and Child Welfare Sub-Committee

Chairman: COUNCILLOR MRS. S. J. TOWNEND

Council Members:

Councillor H. Evans	Councillor Dr. R. J. Read
Councillor Mrs. M. R. Sookias	Councillor P. W. Archer

Other Members:

Mrs. M. Eagle	Miss E. M. Allardyce
Mrs. M. Withers	

Mental Health Services Sub-Committee

Chairman: COUNCILLOR MRS. S. J. TOWNEND

Council Members:

Councillor H. Evans	Councillor R. D. Horner
Councillor Mrs. M. R. Sookias	Councillor P. W. Archer

Other Members:

Dr. N. Crook	Mr. G. H. Kelsey
Mrs. M. Eagle	Mr. T. C. Smith

Necessitous Cases Sub-Committee

Chairman: COUNCILLOR MRS. S. J. TOWNEND

Councillor H. Evans	Councillor A. E. Page
Councillor P. W. Archer	Councillor Mrs. M. R. Sookias

Prosecutions Sub-Committee

Chairman: COUNCILLOR MRS. S. J. TOWNEND

Councillor H. Evans	Councillor A. E. Page
Councillor P. W. Archer	Councillor Mrs. M. R. Sookias

STAFF OF THE CITY HEALTH DEPARTMENT, 1967

Medical Officer of Health and Principal School Medical Officer:

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

Deputy Medical Officer of Health:

P. E. ELWOOD, M.B., B.Ch., B.A.O., D.P.H., D.R.C.O.G.

School Medical Officers and Assistant Medical Officers of Health

E. G. MYRA CUMMINGS, M.R.C.S., L.R.C.P., D.P.H.

PHOEBE H. CHANCE, M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health

MARIANNE CHRISTINE HIRST, M.B., Ch.B.

(to 15th September)

CATRIONA F. G. SMITH, M.B., Ch.B.

(part-time from 14th August)

Principal School Dental Officer:

G. A. VEGA, B.D.S.

School Dental Officers:

J. ICETON, L.D.S.

M. R. HIRST, B.D.S., B.Sc. (to 31st October)

Dental Auxiliary:

MRS. S. M. HORSEMAN

Chief Public Health Inspector:

J. JONES, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H., SANITARY SCIENCE CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H.

Deputy Chief Public Health Inspector:

G. T. W. SHEPHERD, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I.

Public Health Inspectors:

B. OVERSBY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H. D.M.A.

P. D. ARROWSMITH, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H.

G. BOTTOMLEY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H.

D. DRAKES, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H. (to 19th January)

G. W. KIRK, CERT., P.H.I.E.B.

M. V. SMITH, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H.

P. A. COBBETT, CERT. P.H.I.E.B. (from 25th July)

Authorised Meat Inspector:

A. CLAYTON (from 1st November)

Pupil Public Health Inspectors:

N. PANTLING (to 7th August)

C. BECK (from 27th July)

R. C. HARTFORD (from 18th September)

Superintendent Nursing Officer:

MISS E. M. DAY, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)

Health Visitors:

MISS J. E. GREEN, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (part-time from 10th April)

MISS M. CLARKE, S.R.N., R.S.C.N., H.V. (CERT.)

MRS. M. L. DIMBLEBY, S.R.N., S.C.M., H.V. (CERT.).

MISS J. WILLIAMSON, S.R.N., S.C.M., H.V. (CERT.)

MISS A. H. TAYLOR, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)

MISS B. M. LEES, S.R.N., S.C.M., H.V. (CERT.)

MISS G. J. SCOTT, S.R.N., S.C.M., H.V. (CERT.)

MRS. M. A. NEWSAM, S.R.N., S.C.M., H.V. (CERT.)

MISS S. A. EAST, S.R.N., B.T.A. (CERT.) H.V. (CERT.)

MRS. J. M. DUNHAM, S.R.N., S.C.M., H.V. (CERT.) (from 2nd October)

MRS. D. M. WOOD, S.R.N., S.C.M., S.R.F.N., H.V. (CERT.) (part-time from 1st May)

Tuberculosis Visitor:

MISS C. A. THOMPSON, S.R.N., S.C.M., H.V. (CERT.), C.N.N.

Non-Medical Supervisor of Midwives:

MISS E. DITCHBURN, S.R.N., S.C.M., M.T.D.

District Midwives:

MRS. H. ROBINSON, S.R.N., S.C.M.

MISS D. E. BARKER, S.C.M. (to 26th July)

MRS. A. M. CHIVERS, S.C.M. (to 15th August)

MRS. G. M. ENGLISH, S.R.N., S.C.M.

MISS J. FORD, S.R.N., S.C.M.

MRS. J. M. VEAR, S.C.M. (from 17th July)

MRS. R. PARK, S.R.N., S.C.M.

MRS. B. MICHAEL, S.R.N., S.C.M.

MISS J. WALKER, S.R.N., S.C.M.

MISS J. E. SEAGER, S.C.M., C.N.N.

MISS P. E. MITCHELL, S.R.N., S.C.M. (from 16th September)

District Nurses:

MISS J. BARSLEY, S.R.N., Q.I.D.N.

MRS. M. COLE, S.R.N., Q.I.D.N.

MRS. M. A. ATKINSON, S.R.N., Q.I.D.N.

MISS L. M. DAWSON, S.R.N., S.C.M.

MRS. K. DREWERY, S.R.N., Q.I.D.N.

MISS J. GRIFFITH, S.R.N., Q.I.D.N.

MRS. A. HOWLETT, S.R.N., Q.I.D.N.

MRS. N. SMITH, S.R.N., S.C.M., Q.I.D.N.

MRS. N. TOYNE, S.R.N., Q.I.D.N.

MRS. F. WALMSLEY, S.R.N., Q.I.D.N.

MR. F. O. BELL, S.R.N., Q.I.D.N.

MR. W. BRIGGS, S.R.N., Q.I.D.N.

MR. J. H. PARKER, S.R.N., Q.I.D.N.

MR. C. J. NORTHCOTT, S.R.N., Q.I.D.N.

MISS P. PYBONE, S.R.N. (part-time)

Clinic Nurses:

MRS. J. M. SWANN, S.R.F.N., S.C.M.
 MRS. A. SAYWELL, S.R.N. (part-time)

Day Nursery:

Matron	MISS B. E. TAYLOR, S.R.N., S.R.F.N.
Deputy Matron	MISS R. CAULTON, C.N.N.
Warden	MISS D. F. PARKER, C.N.N.
Nursery Nurses	MISS E. M. E. DRIFFILL, C.N.N.
	MRS. S. ELLIOTT, C.N.N. (to 15th March)
	MISS ANNE COWANS, C.N.N. (to 30th September)
	MISS J. E. BERGIN, C.N.N.
	MISS H. B. KINNARD, C.N.N. (from 1st October)

Chiropodists:

MISS S. M. MALT, M.Ch.S.
 J. F. WEBSTER, L.Ch., S.R.Ch.
 R. W. SAVAGE, S.R.Ch.

Adult Training Centre:

Manager:	J. RUSHFORTH, R.M.N.
Assistants	MRS. M. VALTERS
	MRS. M. STONES (from 2nd January)
	W. B. FLATTERS
	E. F. NORRIS
	R. COX

Junior Training Centre:

Supervisor:	MRS. B. SEARLE, N.A.M.H. (DIPLOMA)
Deputy Supervisor:	MRS. J. A. WEBB, N.A.M.H. (DIPLOMA)
Assistants	MRS. E. EITE, S.R.N.
	MRS. J. M. JEFFREY (from 6th March)
	MISS S. A. WADSLEY (Student)
	MISS J. PICKWELL (Student)
	MRS. W. J. DAWSON (from 7th September)

Special Care Unit:

MRS. J. M. SLINGER, S.R.N., C.N.N. (part-time from 10th January)
 MRS. M. NAYLOR, S.R.N. (part-time from 10th January to 30th June)
 MRS. B. M. JONES, S.R.N. (part-time from 28th June to 22nd December)

Hostel for Mentally Sub-Normal Adult Males:

Warden:	J. H. GEERLING, R.N.M.S.
Matron:	MRS. L. GEERLING
Deputy Warden:	T. W. WINGELL (part-time to 19th November)
	J. GRAY (part-time from 28th November)
Deputy Matron:	MRS. N. FISHER

Mental Welfare Officers:

J. B. GRACEY, S.R.M.N., S.R.M.N.D. (Senior Mental Welfare Officer)
 R. MASON, S.R.N., R.M.N., B.T.A. (CERT.)
 MRS. D. M. ROBSON, R.M.N.
 MISS M. McDUGAL, R.M.N.

Ambulance Service:

Ambulance Officer	V. R. NORTH, F.I.A.O.
Deputy Ambulance Officer	H. LEEMING
Clerk	MISS J. M. WALLS
Clerk/Telephonist	MISS M. HOWE
Driver/Attendants: 29 (at the end of the year)	

Home Help Service:

Organiser	MISS H. BALDWIN, M.I.H.H.O.
Assistant Organiser	MISS M. E. TREVIS, M.I.H.H.O. DIP.
Clerks	MISS S. E. MOYSES
	MRS. W. B. TURNELL (part-time)
Helps at the end of the year: Whole-time 14; Part-time 123	

Pests Officer:

A. H. WALKER

Rodent Operators:

R. WOOLFITT
A. S. WOOLHOUSE

Dental Surgery Assistants:

MRS. B. GANDER (to 28th February)
Mrs. M. Wallis
Miss P. Smalley
Mrs. V. Pottergill

Dental Health Education Officer:

MRS. J. ABELL

Lay Administrative Assistant:

J. C. MARTIN, A.R.S.H.

Clerks:

A. C. TAYLOR
N. F. McLEOD
B. F. SPALDING (from 25th September)
MISS M. A. BOYNTON
MISS S. M. JOHNSON
MISS E. KETTLEBORO
MISS I. M. COOK
MISS L. BOGG
MRS. M. RUDGE
MISS L. J. STOCKS
MRS. E. PICKWELL
MISS A. BURNETT
MISS M. STIFF (to 31st August)
MRS. J. BUSH (from 1st October)
MRS. J. PRIESTLEY (from 1st February) (part-time)
MRS. E. GROCOCK (part-time clinic clerk)
MRS. A. M. DEAN (part-time clinic clerk)
MRS. J. K. McLEOD (part-time clinic clerk from 1st August)
MRS. J. LEE (part-time to 3rd February)
MRS. P. J. ELLIS (Dental Clinic)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	..	..	..	..	..	8,825
Number of dwelling houses, 1st April, 1967	..	..	..	..	..	26,212
Rateable Value, 1st April, 1967	..	..	..	..	..	£2,759,737
Sum represented by a penny rate	..	..	..	..	..	£11,000

VITAL STATISTICS

Population (estimate mid-year, 1967)	..	..	..	..	77,150
Live Births:—					
Number	..	..	..	..	1,274
Rate per 1,000 population	..	..	..	..	17.01
Illegitimate Live Births	..	..	..	..	136
Illegitimate Live Births—per cent of total live births	..	..	..	..	10.67
Still-births:—					
Number	..	..	..	..	28
Rate per 1,000 total live and still births	..	..	..	..	21.50
Total Live and Still Births	..	..	..	..	1,302
Infant Deaths (deaths under 1 year)	..	..	..	..	39
Infant Mortality Rates:—					
Total infant deaths per 1,000 total live births	..	..	..	..	30.61
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	31.63
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	22.06
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	..	20.41
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	..	..	..	..	17.27
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	..	..	..	..	38.40
Maternal Mortality (including abortion):—					
Number of deaths	..	..	..	..	—
Rate per 1,000 total live and still births	..	..	..	..	0.00
Net Deaths	..	..	..	..	927
Death Rate per 1,000 population	..	..	..	..	12.14
Tuberculosis Mortality Rate, per 1,000 population	..	..	..	..	0.04
Cancer Mortality Rate, per 1,000 population	..	..	..	..	2.36
Area Comparability Factors: Births 1.03 Deaths 1.01					

COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	17.01	17.2
Still Birth Rate	21.50	14.8
Illegitimate Live Birth Rate per cent of total Live Births	10.67	8.4
Maternal Mortality Rate	0.00	0.2
Infant Mortality Rate	30.61	18.3
Neo-natal Mortality Rate	20.41	12.5
Perinatal Mortality Rate	38.40	25.4
Death Rate	12.14	11.2
Tuberculosis Mortality Rate	0.04	0.04
Cancer Mortality Rate	2.36	2.27

COMPARATIVE TABLE—LAST FIVE YEARS

			1963	1964	1965	1966	1967
Population	...	...	77,440	77,180	76,910	76,720	77,150
Net Live Births	...	...	1,412	1,414	1,354	1,298	1,274
Still Births	...	...	28	34	13	19	28
Net Deaths	...	...	913	857	887	1024	927
Live Birth Rate	...	...	18.60	18.69	17.96	17.26	17.01
Still Birth Rate	...	...	19.44	23.48	9.51	14.43	21.50
Infant Mortality Rate	...	...	17.70	16.26	21.42	15.41	30.6
Neo-natal Mortality Rate	...	...	12.04	9.19	16.99	9.24	20.41
Maternal Mortality Rate	...	...	0.69	1.38	0.73	0.76	0.00
Death Rate	...	...	11.79	11.21	11.65	13.34	12.14
Tuberculosis Mortality Rate	...	...	0.05	0.05	0.05	0.03	0.04
Cancer Mortality Rate	...	...	2.09	2.03	2.30	2.81	2.36

Births

There were 1,274 live births during the year, 633 males and 641 females. The number of still births was 28 and the number of illegitimate live births was 136.

Deaths

There were 927 deaths (495 males and 432 females) giving an adjusted death rate of 12.14 per 1,000 population. The ages and causes of death are given in the following tables:

DEATHS IN AGE GROUPS, 1967

		4 wks & under											Total
		Under 4 wks.	1 year	1- yr.	5- yrs.	15- yrs.	25- yrs.	35- yrs.	45- yrs.	55- yrs.	65- yrs.	75 & over	
Males	...	10	7	-	3	3	-	21	37	103	131	180	495
Females	...	16	6	-	-	4	3	9	18	56	104	216	432
Totals	...	26	13	-	3	7	3	30	55	159	235	396	927

The following table shows the causes of death most common in 1967 and comparable figures for 1966:

	1967	1966
Malignant neoplasm		
Lung and bronchus	.. .. 49	49
Breast	.. .. 14	26
Uterus	.. .. 8	8
Other malignant and lymphatic diseases	84	105
Vascular lesions of nervous system	.. 123	132
Coronary disease, angina	.. .. 219	244
Hypertension with heart disease	.. 7	20
Other heart disease	.. .. 76	97

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1967

Cause of Deaths		No. of Deaths	4 wks and Fe- Under under males 4 wks 1 yr					Age in Years								75 and 65- over
			Males	males	4 wks	1 yr	1-	5-	15-	25-	35-	45-	55-	65-		
Tuberculosis:																
Respiratory	...	3	2	1	-	-	-	-	-	-	-	-	1	2	-	
Syphilitic disease	...	2	1	1	-	-	-	-	-	-	-	-	1	1	-	
Other infective and parasitic diseases		2	1	1	-	-	-	-	-	-	-	-	1	1	-	
Malignant Neoplasm:																
Stomach	...	21	13	8	-	-	-	-	-	-	-	2	6	1	12	
Lung and Bronchus		49	41	8	-	-	-	-	-	-	1	3	23	15	7	
Breast	...	14	-	14	-	-	-	-	-	-	1	2	4	5	2	
Uterus	...	8	-	8	-	-	-	-	-	-	2	1	1	3	1	
Other malignant and lymphatic neoplasms		84	43	41	-	-	-	1	1	1	5	8	17	22	30	
Leukaemia and Aleukaemia	...	6	2	4	-	-	-	-	-	-	-	-	3	1	2	
Diabetes	...	7	3	4	-	-	-	-	-	-	-	-	1	3	3	
Vascular lesions of nervous system	...	123	53	70	-	-	-	-	-	1	1	5	14	33	69	
Coronary disease, angina	...	219	142	77	-	-	-	-	-	-	6	16	48	62	87	
Hypertension with heart disease	...	7	4	3	-	-	-	-	-	-	-	1	-	2	4	
Other heart disease	...	76	28	48	-	-	-	-	-	-	3	3	9	13	48	
Other circulatory disease	...	37	20	17	-	1	-	-	-	1	1	3	5	8	18	
Pneumonia	...	58	31	27	2	5	-	-	-	-	1	-	1	13	36	
Bronchitis	...	54	38	16	-	1	-	-	-	-	-	1	7	20	25	
Other diseases of respiratory system		3	1	2	-	-	-	-	-	-	-	-	-	-	3	
Ulcer of stomach and duodenum	...	8	5	3	-	-	-	-	-	-	1	-	1	2	4	
Gastritis, enteritis and diarrhoea	...	6	2	4	-	-	-	-	-	-	-	-	1	2	3	
Nephritis and Nephrosis	...	5	4	1	-	-	-	-	-	-	-	-	-	3	2	
Hyperplasia of prostate	...	3	3	-	-	-	-	-	-	-	-	-	-	-	3	
Congenital malformations	...	12	6	6	5	4	-	1	1	-	1	-	-	-	-	
Other defined and ill-defined diseases		86	37	49	19	2	-	1	1	-	4	6	7	19	27	
Motor vehicle accidents	...	5	3	2	-	-	-	1	2	-	-	-	2	-	-	
All other accidents	...	18	7	11	-	-	-	-	1	-	2	2	2	3	8	
Suicide	...	10	4	6	-	-	-	-	1	-	-	2	4	1	2	
Homicide and opera- tions of war	...	1	1	-	-	-	-	-	-	-	1	-	-	-	-	
Totals	...	927	495	432	26	13	-	3	7	3	30	55	159	235	396	

DEATHS FROM CANCER

The deaths from Cancer during the year are shown in the table below. It will be noted that there were 49 deaths from Cancer of the lung (the same figure as last year), which represents 5.3% of the total deaths. Of these 49 deaths, 41 were males and 8 females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it was five times more common in males than in females and 27% of the total Cancer deaths were due to Cancer of the lung during 1967.

CANCER DEATHS, 1967

<i>Cause of death</i>	<i>No. of deaths</i>	<i>Under 1 yr</i>	<i>1-5</i>	<i>15-25</i>	<i>25-35</i>	<i>35-45</i>	<i>45-55</i>	<i>55-65</i>	<i>75 & over</i>	<i>Total</i>			
Malignant Neoplasm Stomach	21	{ Males	-	-	-	-	-	6	1	6	13		
		{ Females	-	-	-	-	2	-	-	6	8		
Lung and Bronchus	49	{ Males	-	-	-	-	1	3	19	12	6	41	
		{ Females	-	-	-	-	-	4	3	1	8		
Breast	14	{ Females	-	-	-	-	1	2	4	5	2	14	
Uterus	8	{ Females	-	-	-	-	2	1	1	3	1	8	
Other Malignant and lymphatic neoplasms	84	{ Males	-	-	-	-	2	5	9	12	15	43	
		{ Females	-	-	-	1	1	3	3	8	10	15	41
Leukaemia, aleukaemia	6	{ Males	-	-	-	-	-	-	2	-	-	2	
		{ Females	-	-	-	-	-	-	1	1	2	4	
Totals	182	Males	-	-	-	-	3	8	36	25	27	99	
		Females	-	-	-	1	1	6	8	18	22	27	83

Infant Mortality

There were 39 deaths under 1 year, giving an infant mortality rate of 30.6 per 1,000 live births. The infant mortality rate for England and Wales in 1967 was 18.3.

The following table shows the ages and cause of death:

<i>Cause of death</i>	<i>Under 1 wk</i>	<i>1-2 wks</i>	<i>3-4 wks</i>	<i>Total under 4 wks</i>	<i>1-3 mths</i>	<i>4-6 mths</i>	<i>7-9 mths</i>	<i>10-12 mths</i>	<i>Total</i>
Prematurity ...	9	-	-	9	-	-	-	-	9
Congenital Malformations	4	1	-	5	3	1	-	-	9
Pneumonia ...	1	1	-	2	3	2	-	-	7
Bronchitis ...	-	-	-	-	1	-	-	-	1
Circulatory disease ...	-	-	-	-	1	-	-	-	1
Other Causes ...	8	1	1	10	1	1	-	-	12
Total ...	22	3	1	26	9	4	-	-	39

Perinatal Mortality

The perinatal mortality rate is the number of still-births added to the number of infant deaths during the first week of life expressed as a rate per thousand total births, both live and still. It therefore gives a measure of the risk to the foetus during pregnancy after the 28th week, and also during parturition, as well as the risk in the early days after birth.

In 1967, there were 28 still-births and 22 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 38.4. The rate for 1966 was 23.54.

The perinatal mortality rate for 1967 was considerably higher than usual and was higher than the rate for England and Wales (25.4).

Suicide

During the year there were 10 deaths (4 male and 6 female) due to suicide and the causes of death are given in the table below. The number of suicides in the previous year was also 10 (6 male and 4 female).

Cause of Death	AGE AND SEX								Total
	15 — 24 M.	F.	25 — 44 M.	F.	45 — 64 M.	F.	65 and over M.	F.	
Coal gas poisoning	—	—	—	—	2	—	—	1	3
Poisoning by Drugs	—	—	—	—	—	2	—	2	4
Drowning ...	—	—	—	—	—	1	—	—	1
Gun-shot wound	1	—	—	—	—	—	—	—	1
Threw himself in front of motor vehicle ...	—	—	—	—	1	—	—	—	1
TOTAL ...	1	—	—	—	3	3	—	3	10

LOCAL HEALTH AUTHORITY SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics

The average attendance per session (39.3) at the Infant Welfare Clinics was similar to that in the previous year (40.6), but there was a slight decrease in the total number of attendances — 25,388 compared with 26,073 in 1966.

The highest average attendances during the year were at the Birchwood and Swallowbeck Clinics, 59.1 and 53.7 respectively.

The number of children who attended the Clinics during the year was as follows:—

<i>Born in</i>	<i>Born in</i>	<i>Born in</i>	<i>Total</i>
1967	1966	1962-1965	
1082	1185	1838	4105

Of the 4,105 children who attended, 196 were referred for special treatment or advice as a result of a medical examination — either to a general practitioner or a consultant for special diagnosis and/or treatment.

It is regretted that there was still no progress made in the building of a new clinic in the Boultham Park area. Due to financial restrictions, this project, which was first approved by the Council many years ago, is postponed yet again until the financial year 1969/70. Although the new Church Hall in Skellingthorpe Road is certainly an improvement on the huttred premises previously used, nevertheless this building is still far from ideal for clinic purposes and the need for a clinic building is still urgent.

The high attendance at the Birchwood Clinic (approximately 60 per week) indicates that the weekly session should now be increased to two sessions per week. The Church Hall at present used is not satisfactory and it is hoped to build a clinic/surgery on the Estate during 1968 and it will then be possible to hold additional sessions, as required.

The Infant Welfare Clinics provided by the Local Health Authority at the end of the year were as follows:

<i>Place Held</i>	<i>Day</i>	<i>Time</i>
Maternity and Child Welfare Centre, 34 Newland	Tuesday	2—4 p.m.
	Tuesday	10—11-30 a.m. (by appointment)
	Friday	2—4 p.m.
Ravendale Clinic, Laughton Way	Tuesday	2—4 p.m.
	Thursday	10—11-30 a.m. (by appointment)
	Thursday	2—4 p.m.
St. Giles' Methodist Church Hall, Addison Drive	Thursday	2—4 p.m.
Methodist Church Hall, Burton Road	Friday	2—4 p.m.
Methodist Church Hall, Walmer Street, off Monks Road	Wednesday	2—4 p.m.
St. Helen's Church Hall, Skellingthorpe Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Methodist Church Hall, Swallowbeck	Tuesday	2—4 p.m.
Bracebridge Church Hall, Ewart Street, off Newark Road	Monday	2—4 p.m.
St. Luke's Church Hall, Birchwood Estate	Wednesday	10—12 noon

The following table shows in detail the attendances at the Central Clinic at 34 Newland and at the various outlying Clinics:

		<i>No. of Sessions</i>	<i>Total Attend.</i>	<i>Av. Attendance per Session</i>	
				1967	1966
M. & C.W. Centre, Newland	p.m. Tues.	51	2126	41.7	45.4
„ „ (by appointment)	a.m. Tues.	16	162	10.1	11.6
„ „	Fri.	51	2219	43.5	41.1
St. Helen's Hall	Mon.	48	1783	37.1	36.2
„ „	Fri.	51	1800	35.5	33.6
St. Giles' Hall	Thur.	52	2206	42.4	49.3
Blenkin Hall (to 25th August)	p.m. Fri.	33	1042	31.6	40.1
Burton Road Hall (from 1st September)	p.m. Fri.	18	621	34.5	
Swallowbeck Hall	Tues.	51	2738	53.7	56.0
Walmer Street Hall	Wed.	52	2392	46.0	43.9
Ewart Street Hall	Mon.	48	1807	37.6	43.8
Ravendale Clinic	Tues.	51	1871	36.7	39.6
„ „ (by appointment)	a.m. Thur.	20	221	11.5	10.3
„ „	p.m. Thur.	52	1328	25.5	26.0
St. Luke's Hall, Birchwood	Wed.	52	3072	59.1	56.7
		646	25388	39.3	40.6

Ante-Natal Clinics

The Ante-Natal Clinics provided by the Local Health Authority at the end of the year were as follows:—

Maternity & Child Welfare Centre, 34 Newland	Wednesday	2—4 p.m.
Ravendale Clinic, Laughton Way	Monday	2—4 p.m.
St. Helen's Church Hall Skellingthorpe Road	Thursday	2—4 p.m.
St. Luke's Church Hall, Birchwood Estate	Thursday	10—12 noon

The attendances at the ante-natal clinics were well maintained, although they were less than in the previous year. Due to development of the Birchwood Estate, it was found necessary to hold an ante-natal clinic weekly as from the beginning of 1967 instead of fortnightly. This clinic is held in a Church Hall which, unfortunately is not satisfactory, particularly during the winter months when the heating is inadequate.

The number of women who attended the ante-natal clinics and the total number of attendances made during the past three years are given in the following table:—

	1967	1966	1965
Total number of women who attended during the year	581	723	741
Total number of attendances	2072	2525	2692

Details of the number attending at each Ante-Natal Clinic during the year are given in the following table:—

	<i>Sessions</i>	<i>Seen by Doctor</i>	<i>*Total Attendances</i>
Newland Clinic	52	270	655
St. Helen's Church Hall ..	52	216	574
St. Luke's Church Hall ..	52	95	315
Ravendale Clinic	48	230	534
	<hr/> 204 <hr/>	<hr/> 811 <hr/>	<hr/> 2078 <hr/>

* including post-natal visits (6)

Each patient attending an ante-natal clinic is seen by the Medical Officer in attendance at her first visit and again at the 34th or 36th week of her pregnancy. Routine haematological investigations are carried out (Rh. Group, W.R. and Haemoglobin estimation) on these occasions and medical and obstetric examinations. If there is need for further haematological investigation to be carried out, this is undertaken at the required intervals by the Medical Officer at the clinic.

To give the best possible service to the expectant mother, it is essential that she attends early enough for this service to be implemented. It is also important that the General Practitioner, Midwife and the various Local Health Authority Services work as a team for the benefit of the women in

their care. The completion of the co-operation card carried by each patient is evidence of the degree of co-operation achieved between all who are caring for the expectant mother. In the last month of pregnancy and in some cases where the mother has a large family of small children, ante-natal care is carried out in the patient's own home. Reports of any investigation (chest X-ray, haematological, etc.) are sent to each doctor and midwife concerned and any abnormality discovered during attendance at the ante-natal clinic is referred to the general practitioner concerned for further treatment or investigation.

Ultra Violet Light Clinic

The Ultra Violet Light Clinic is held at the Maternity & Child Welfare Centre on Tuesday and Friday afternoons from 2 to 4 p.m.

The following table gives the number of cases treated and the number of attendances made:

	1967	1966
Total number of cases treated during the year.. ..	50	87
Total number of attendances	453	1030

Children are given treatment on the recommendation of Medical Officers and at the request of the Consultant Chest Physician and of the cases treated at this clinic, 45 were school children and 5 were children under school age.

Supply of Welfare Foods

Welfare Foods are available, to those entitled to this benefit, at the main distribution point at the Newland Infant Welfare Centre during office hours and at all outlying clinics when the infant welfare sessions are held.

There was a further reduction in the number of tins of National Dried Milk issued during the year.

	1967	1966
National Dried Milk tins	5,743	7,606
Orange Juice bottles	22,162	21,343
Cod Liver Oil bottles	1,301	1,265
Vitamin A and D Tablets packets	1,739	1,741

Care of Unmarried Mothers

The Health Committee's duty for the provision of care for unmarried mothers, when required, is carried out under an arrangement whereby the Lincoln Diocesan Board for Social Work make appropriate enquiries into cases where difficulties are anticipated and submit to the Health Committee each case where financial assistance is needed towards the cost of maintenance at a Mother and Baby Home. During the year, the Committee agreed to grants being made in four cases, the same number as in the previous year. A grant of £421 was made by the Health Committee to the Lincoln Diocesan Board for the year 1967.

The number of illegitimate live births during 1967 was 136 (still births 7) compared with 113 in the previous year. This represents a rate of 10.67% of total live births registered, compared with a rate of 8.71% in the previous year.

Day Nursery

The average daily attendance at the Newland Day Nursery during 1967 was much the same as in the previous year being 40.7 compared with 38.6 in 1966. The average daily attendance throughout the year was as follows:—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
41.3	42.4	32.7	39.4	43.3	46.2	46.4	36.6	40.6	40.6	40.2	38.3

The number of children on the register at the end of the year was 58.

The criteria for admission remained the same, children being admitted only when there was an urgent medical or social need. Children of school teachers employed by the Lincoln Education Authority and children of qualified nurses employed in Lincoln Hospitals were also eligible for admission.

The number of children on the register varied during the year from 51 to 60. Some of these children attended only 3 or 4 days each week mainly because their mothers were teachers who were only employed part-time. During the year 1 physically and mentally handicapped child, 1 physically handicapped child and 4 sub-normal children attended the Nursery.

During April and May, 25 children had Measles and in September and October, 3 students and 3 children had Infective Hepatitis. There was an outbreak of Dysentery in December and the Nursery remained closed for three days after Christmas whilst the Nursery was 'thoroughly cleansed' by the staff.

Three Nursery Students completed their second year training at Nottingham and entered for the N.N.E.B. examination in June. All were successful.

Instead of going to Nottingham all Nursery Students now attend the Lincoln Technical College two days each week for their nursery nurse training.

The staff held a 'Coffee Morning' in November and the proceeds amounted to £50. £25 was donated to the N.S.P.C.C. and the balance was used to provide extra toys and gifts for the Christmas Party.

On 31st December, 1967, the staff of the Nursery consisted of:—

Matron

Deputy Matron

Warden

4 Nursery Nurses

6 Students (3 first year; 3 second year)

The scale of charges at the Nursery has remained the same for many years, the minimum charge being 1/6d. per day and the maximum charge 10/- per day; however increased charges are to be introduced during 1968.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

At the end of the year, one nursery and four child minders were registered under the above Regulations. The nursery is registered for 24 children and two of the child minders in fact run play groups in their own homes. At the end of the year, 18 children were being cared for by registered child minders.

Several registrations were withdrawn for various reasons and although a number of enquiries regarding registration were made during the year, few pursued the matter, especially when the applicants were informed that they could care for one child or two children from the same family without being liable for registration.

DENTAL SERVICE

Chief Dental Officer: G. A. VEGA, B.D.S.

I am able to report a welcome increase in attendances in the Maternity Section, reversing the trends of 1966. An increase of 21.3% is the highest figure on record, but attendances by pre-school children are down by 8.4% compared with last year. There is an overall increase in visits for the service as a whole of 1.6%. Correspondingly, the amount of work done in the maternity section has increased. Conservation work is up by 50% compared with 1966 while the number of extractions has remained almost the same. For pre-school children, the number of teeth filled has remained constant while extractions are up by 80%. This latter figure is surprisingly high and gives a ratio of teeth filled to teeth extracted of 3.29: 1 as compared with 5.9 : 1 for 1966. However, it is to be hoped that this trend is of a transient nature.

It has been most encouraging to witness the increase in awareness amongst mothers as regards the importance of dental care for themselves and their children. This is possibly a direct result of the intensive Dental Health Education programme which has been carried out throughout the year.

MATERNITY AND CHILD WELFARE

	<i>Children 0-4 inclusive</i>	<i>Expectant and Nursing Mothers</i>
First visit	343	116
Subsequent visits	256	288
Total visits	599	404
No. of additional courses commenced	9	7
Treatment provided		
No. of fillings	643	545
Teeth filled	559	481
Teeth extracted	170	188
General anaesthetics given	43	11
Emergencies	58	8
Patients X-rayed	9	18
Scaling and/or removal of stains	85	39
Teeth otherwise conserved	100	—
Teeth root filled	—	11
Inlays	—	—
Crowns	—	2
No. of courses of treatment completed during the year	308	82
Prosthetics		
Patients supplied with F.U. or F.L.		9
Patients supplied with other dentures		16
No. of dentures supplied		32
Inspections		
No. of patients given first inspection during year	281	98
No. of patients requiring treatment	220	90
No. of patients offered treatment	220	90
No. of sessions devoted to M.C.W. patients		133

MIDWIFERY

Non-Medical Supervisor of Midwives: MISS E. DITCHBURN

Staff

The Local Health Authority is the Local Supervising Authority for the purposes of the Midwives Act, 1951. The Medical Officer of Health is the Medical Supervisor of Midwives, approved by the Central Midwives Board, and Miss E. Ditchburn is approved as Non-Medical Supervisor of Midwives.

Changes in the staff of the domiciliary midwifery staff during the year were as follows:

Miss D. E. Barker retired on 26th July, 1967 after 32 years service in the midwifery service of the City, and Mrs. A. M. Chivers retired on 15th August, 1967 after 28 years service with the Authority. Both were presented with long service awards from the City Council at a reception held in their honour at the Ravensdale Clinic on 27th July, and in addition to many members of the Health Department staff, a number of General Practitioners and members of the staff of the Lincoln Maternity Home attended to wish them well in their retirement.

Mrs. J. Vear was appointed District Midwife for the St. Giles area and commenced duties on 17th July. Miss P. C. Mitchell was appointed District Midwife for the Monks Road area and commenced duties on 16th September.

Refresher Courses, Lectures, etc.

Miss E. Ditchburn attended a Refresher Course for Non-Medical Supervisors of Midwives at Ridge Hall, Birmingham; Miss J. Seager attended a Refresher Course at Roehampton and Miss A. H. Taylor, Health Visitor, attended a Course at Stoke-on-Trent.

Four members of the staff attended a Symposium on Preparation for Parenthood held at Nuffield Hall, Royal College of Obstetricians and Gynaecologists on 3rd March and the Department was represented at the Maternity Liaison Committees Meeting held at Pearson House, Nottingham on 17th October, 1967.

The District Midwives attended the series of in-service lectures arranged during the year.

Training of Pupil Midwives

The training of pupil midwives continued in 1967 in conjunction with the Lincoln Maternity Home. At the end of the year, six District Midwives were on the register of Approved District Midwifery Teachers. Fourteen pupil-midwives completed their district training during the year and twelve pupils obtained their Certificates and entrance to the Roll of Certified Midwives. Two pupil-midwives will not complete their hospital training until the end of February, 1968, when it is hoped they also will obtain their certificates.

Tutorial classes (usually of two hours duration) are conducted each week by the Non-Medical Supervisor of Midwives and lectures on "Public Health" are given by the Deputy Medical Officer of Health.

During the time of their training, the pupils meet various members of the Public Health Team spending some time with the Home Help Organiser, the Mental Welfare Officer and also visiting the Children's Department. Pupils also take an active part in the 'Stork Club' sessions which they attend as often as their other duties will allow them to do so. Each pupil is expected to give one of the short talks that are part of these sessions, the subject on which they speak being well within the sphere of knowledge at this stage of their training.

Miss M. E. Turner, Education Officer of the Central Midwives Board visited on 26th May to see the training of the pupil-midwives in progress. Her report was most satisfactory.

Transport

Of the midwives on the staff at the end of the year, three are car drivers, three use scooters and three use bicycles.

Notification of intention to practice

Fifty-five midwives notified their intention to practice in the area during 1967. Twelve practised in domiciliary midwifery, including one who worked in a private capacity.

Nineteen practised from Hospitals, 16 from a Nursing Home under the control of the Hospital Management Committee and 8 from the Quarry Maternity Home, which is under the control of the Lincoln Diocesan Board for Social Work.

Distribution of Confinements

The total number of Lincoln births (live and still) occurring during the year 1967 was 1,294; of this number, 419 were domiciliary births and 875 were hospital confinements. Of the domiciliary births, 1 was delivered by a midwife in private practice and 1 by a general practitioner-obstetrician. The number of births allocated to Lincoln by the Registrar-General (including inward and outward transfers) during the year 1967 was 1,302, compared with 1,317 in 1966 and 1,367 in 1965.

There was again a decrease in the number of cases attended by the District Midwives, as shown in the following table:

Cases attended by District Midwives

1962	..	..	..	640
1963	..	..	..	593
1964	..	..	..	554
1965	..	..	..	518
1966	..	..	..	468
1967	..	..	..	415

The midwives paid 10,516 visits during 1967, compared with 12,169 visits in 1966 and 12,548 visits in 1965. Of the visits paid in 1967, 173 were ante-natal visits paid to women who were booked to have their confinement in hospital and 554 to women who were discharged from hospital earlier than the 10th post-partum day and therefore needed the care of a midwife.

The reduction in the domiciliary confinements is due partly to the fact that there were fewer births in 1967 and to the fact that all patients 'at risk' were booked for hospital delivery. The Matron of the Lincoln Maternity Home and her Staff have been most co-operative in accepting every expectant mother for whom the Medical Officer of Health recommended hospital delivery, whether the reason was medical, obstetrical or social. During ante-natal care to expectant mothers who were originally booked to have their babies at home, in 42 cases some factor was detected which indicated that a domiciliary confinement would be unwise and accordingly these women were transferred to the Hospital Service.

There were 28 stillbirths in Lincoln during 1967 and the maternal and foetal abnormalities associated therewith were as follows:

Maternal causes

Ante-partum haemorrhage	4
Abruptio placenta	2
Toxaemia of pregnancy	4
Rh. incompatibility	2
Cephlo-pelvic disproportion	1
Uterine fibroids	1
Placental insufficiency	6

Foetal causes

Abnormal adrenals	1
Prematurity	3
Postmaturity	2
Hydrocephalus	2
Anencephaly	3
Hydrops foetalis	2
Asphyxia	5
Multiple deformities	1
Hydronephrosis	1
No apparent cause	1

Accidents of delivery

Cord compression	3
--------------------------	---

Home Help Service for Cases of Toxaemia

In May, 1966, the Health Committee agreed to supply Home Help Services free of charge for cases of toxaemia who were primigravida having treatment at home and multiparae having treatment at home or in hospital. There has, however, been little demand for this service and in 1967, only one case was assisted.

It would appear to be necessary to remind doctors and midwives that this service is available, as cases of toxaemia of pregnancy are still occurring.

Radio-Control

In December, 1966 each domiciliary midwife was issued with portable radio-controlled equipment and this was in use throughout 1967. All the theoretical advantages of this equipment have been proved in practice and in differing instances the equipment is of benefit to the patient, midwife and family doctor. The only slight difficulty that has been experienced is that the batteries need to be changed more frequently than is convenient and it would be advantageous if the batteries could be designed so that a longer interval can elapse between charges.

In the short time that the radio-control system has been in operation, the equipment has proved to be entirely satisfactory and it is considered that the expense involved in making this provision has been justifiable.

Analgesia

Trilene analgesia was administered by means of a Cyprane Inhaler in 266 cases; 22 cases where the doctor was present and 244 where he was not present. Pethidine was administered in 276 cases.

Chest X-ray of Expectant Mothers

Under the scheme started in 1954, all expectant mothers who had not had a chest X-ray during the year of the pregnancy or during the previous year were asked to attend for examination and these arrangements continued until October, 1966. However, this scheme was amended as a result of instructions issued by the Sheffield Regional Hospital Board and as from 21st October, 1966, any expectant mother who has had B.C.G. vaccination at any time or has had a Chest X-ray examination within two years of attending the 'booking' clinic is not advised to have an X-ray during her pregnancy. Women who have not had the B.C.G. vaccination or a Chest X-ray during the previous two years are still urged to attend the Chest Clinic for an X-ray examination.

The number of expectant mothers who attended for Chest X-ray during the year was as follows:

Referred by General Practitioners	..	..	..	7
Referred by Local Authority Ante-Natal Clinics	..			59
Referred by Maternity Hospital Ante-Natal Clinics	..			284
				<hr/>
				350
				<hr/>

Of the 350 expectant mothers X-rayed, 129 lived outside the City.

The following table shows the number of abnormalities discovered during the year as a result of the investigations:

Calcification, healed lesion, etc.	..	..	..	5
Obliteration of costo-phrenic angle	..	..	..	1
Rib abnormalities	..	..	..	2
				<hr/>
				8
				<hr/>

In addition, 12 women attended for chest X-ray **post**-natally. Of these, 6 resided outside the City. No abnormalities were found.

Environmental Reports

With the use of beds at the Reynard Hospital, Willingham and the Bromhead Maternity Home, in addition to the Lincoln Maternity Home, most expectant mothers requesting a hospital bed for their confinement were able to be accommodated during 1967. However, in view of shortage of beds at certain times during the year, the Matron of the Lincoln Maternity Home requested that reports be submitted on the social circumstances of nine women who had no medical or obstetrical reason for booking a hospital bed. It was found that in five instances the home circumstances were suitable for a domiciliary confinement, but in four cases conditions were found to be unsatisfactory and these women were booked for confinement in hospital.

Early Hospital Discharge

Special arrangements were made following the early discharge of mothers and babies from the Lincoln Maternity Home, Bromhead Maternity Home and R.A.F. Hospital Nocton Hall. Mothers returning home prior to the tenth day after the birth of their babies must be in the care of a midwife and

they are therefore transferred to the care of the Local Authority Midwife in whose area they reside. The number of early hospital discharges during the past five years was as follows:

1967	1966	1965	1964	1963
162	191	134	123	116

The number of visits paid to each case varies considerably. Some of these mothers and babies return home soon after delivery, often at 48 hours postpartum, but the usual time is between the 5th and 7th day after delivery. The number of nursing visits paid to these mothers and babies by the Local Authority Midwives during 1967 was 554, compared with 518 visits in the previous year.

Co-operation

The relations between the Hospital Midwifery Staff and those of the Local Health Authority are satisfactory. There is free exchange of information concerning expectant and delivered mothers which is important to those concerned with their welfare. All reports received by the Local Health Authority are photographed and copies are then sent to the midwives, general practitioners and in some instances, to the hospitals concerned.

A further example of co-operation between the Local Health Authority and the Lincoln Maternity Home is that in the event of a home visit being necessary to a woman booked for delivery in the Maternity Home, this task is undertaken by the Local Authority Midwife for the area in which the patient resides. These visits are usually to give a course of intra-muscular iron therapy. During 1967, 173 such visits were paid by the District Midwives, compared with 126 visits in 1966.

The Lincoln and District Advisory Obstetric Committee met three times during the year and the Medical Officer of Health, Superintendent Nursing Officer and the Non-Medical Supervisor of Midwives represented the Local Health Authority at these meetings.

Home Nursing Service for Premature Babies

One District Midwife, who holds the certificate for premature baby care, is primarily responsible for the home nursing service for premature babies and three other Midwives who have had special training assist in this work. These midwives are also employed to escort premature babies needing admission to hospital, during which journey the portable incubator is used. The radio-control equipment enables a premature trained midwife to be contacted easily when required at short notice.

The work of looking after these small babies involves teaching the parents how to care for them during the time the midwife is not there and special attention is given to the provision of adequate heating throughout the 24 hours of the day.

During 1967, 31 premature babies were attended and the total visits paid by the midwives were 246.

Notification of Congenital Malformations

During 1967, 29 babies were notified as having congenital malformations observed at birth. Details of these malformations are as follows:

Cervical meningocele	..	..	..	..	..	2
Spina bifida	..	..	..	..	..	2
Anencephaly	..	..	..	..	..	3
Hydrocephaly	..	..	..	..	..	7
Talipes	..	..	..	..	..	11
Harelip and cleft palate	..	..	..	..	..	3
Harelip	..	..	..	..	..	1
Cleft palate	..	..	..	..	..	1
Hydrops foetalis	..	..	..	..	..	1
Imperforate anus	..	..	..	..	..	2
Oesophago-tracheal fistula	..	..	..	..	..	1
Thyro-glossal sinus	..	..	..	..	..	1
Absence of uvula	..	..	..	..	..	1
Hypospadias	..	..	..	..	..	2
Gross abnormalities	..	..	..	..	..	1
Abnormal eyes and nose	..	..	..	..	..	1
Agenesis of arms	..	..	..	..	..	1

In some babies, multiple deformities were notified, hence the discrepancy in the number of babies notified as having congenital malformations and the various malformations listed above.

HEALTH VISITING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

At the end of the year, the staff consisted of the Superintendent Nursing Officer, ten Health Visitors (including one Tuberculosis Health Visitor), two part-time Health Visitors, three School Nurses and two Clinic Nurses (one part-time).

Mrs. D. M. Wood commenced duties as a Health Visitor (part-time) on 1st May, 1967 and on that date Miss J. Green reverted to part-time duties.

Miss C. A. Thompson, Health Visitor and Tuberculosis Health Visitor was appointed part-time Health Education Officer as from 1st April, 1967.

Mrs. J. M. Dunham completed her training as a Health Visitor at Nottingham and commenced duties on 2nd October, 1967.

Post-graduate Courses

Mrs. M. L. Dimbleby and Miss S. A. East attended a two weeks Course on Audiometry at Manchester University.

Mrs. K. Pitchford, School Nurse, attended a Course in Cheltenham arranged by the Health Visitors' Association.

Training of Hospital Student Nurses in the Social Aspects of Diseases

Since the implementation of the new syllabus of nurse training at the Lincoln School of Nursing, it has been possible to provide a much more satisfactory scheme — the Superintendent Nursing Officer continued to

give two lectures on preventive medicine and the social services during the Introductory Course for each student intake; in the first year of training the students now spend one whole day with the District Nurses (instead of a morning only) and in the third year, the students spend a whole day with the Health Visitors, Home Help Organiser and Public Health Inspectors (when this can be arranged). This programme gives the student an opportunity not only to visit people in their own homes, but to see the work of the Infant Welfare Clinics, the Adult and Junior Training Centres, the Day Nursery, the Nursery Schools, the School Health Services in action and work amongst the elderly. The students are very appreciative of being shown, however briefly, this side of the Public Health Services, of which many of them have no knowledge whatsoever.

Home Visiting

This important and time consuming work continued on the same lines. Concern is often expressed at the breakdown of teenage marriages, of 'shot gun' marriages and the subsequent insecurity and emotional disturbance caused to the children of such marriages and the often disastrous consequences in later life. This is not a new problem but perhaps is one which should be tackled much earlier in the programme of Health Education in schools.

It might be of interest to define the function of the Health Visitor as set forth by the Council for the Training of Health Visitors in 1967:

"The health visitor is a nurse with post-registration qualification who provides a continuing service to families and individuals in the community. Her work has five main aspects:

1. The prevention of mental, physical and emotional ill health and its consequences;
2. Early detection of ill health and surveillance of high risk groups;
3. Recognition and identification of need and mobilization of appropriate resources where necessary;
4. Health teaching;
5. Provision of care; this will include support during periods of stress, and advice and guidance in cases of illness as well as in the care and management of children. The health visitor is not, however, actively engaged in technical nursing procedures.

Knowledge and Skills

She is a practitioner in her own right, detecting cases of need on her own initiative as well as acting upon referrals. She has skills and knowledge particular to her work and these are drawn from her nursing background and from the additional preparation in her health visitor course. She brings to her work in the community:

- (i) Observational skills
- (ii) Skills in developing inter-personal relationships
- (iii) Skills in teaching individuals and groups
- (iv) Skills in organisation and planning in her own sphere.

The knowledge she brings to her service is obtained:

- (i) From her nursing background:
 - (a) Human biology
 - (b) Principles of bacteriology
 - (c) Processes of disease
 - (d) Therapeutic methods

- (ii) From her obstetric nurse or midwifery training:
 - (a) Pre-natal development
 - (b) Factors influencing the subsequent health of the child
 - (c) Care of mother and baby during the following delivery
 - (d) Emotional factors associated with pregnancy and child-birth
- (iii) From her health visiting course:
 - (a) The development of the individual at all stages in the life cycle
 - (b) The development of the individual in relation to his social and cultural group
 - (c) The development of social policy
 - (d) The changing pattern of health and disease and the methods used to determine priorities in the services
 - (e) The principles and practice of health visiting."

Routine screening tests are carried out for the detection of Phenylketonuria and for children considered to be 'at risk'. No positive result has so far been discovered for the former and out of 367 hearing tests performed on children under 5 years, 8 were referred to the E.N.T. Consultant.

During 1967, 11 British Standard Fireguards were fitted into Corporation houses under the special arrangements whereby tenants agreeing to weekly payments can have them fixed free of charge.

Part of the Health Visitors' work is to educate mothers regarding the importance of vaccination and immunisation of young children. Now that many infectious diseases are becoming increasingly less common, the need for health education measures to prevent them by immunisation is all the more necessary.

Details of the visits paid by the Health Visitors during 1967 are given in the following table:

HOME VISITING—HEALTH VISITORS

<i>Cases Visited by Health Visitors</i>	<i>Number of Cases</i>	<i>Number of Visits</i>
Children born in 1967	1,166	4,047
Children born in 1966	944	2,546
Children born in 1962-65	2,446	5,265
Total	4,556	11,858
Persons aged 65 years or over	33	72
Mentally disordered persons	4	6
Persons, excluding Maternity cases, discharged from hospital	2	3
Expectant Mothers	149	196
Visits to other cases	—	1363
Total visits		13,498

Health Education

On 1st April, 1967, Miss C. A. Thompson, Health Visitor, commenced duties as part-time Health Education Officer, a new appointment. An extension of the Health Education Service was therefore possible, particularly teaching in schools.

The following Organisations requested and received talks on topics ranging from Health Education to Cervical Cytology and Family Planning:

Parent-Teacher Groups
 Women's Institutes
 Two Ladies' Evening Groups
 School Meals Service

It is hoped in the near future to arrange for a series of ten minute talks to be given in the Infant Welfare Clinics on mothercraft, child development, home safety, first aid and hygiene.

A further report on Health Education activities is given on page 48.

Mothercraft Classes — The Stork Clubs

"The Stork Clubs", three in number, continue to be very popular and the attendances during 1967 were as follows:—

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Newland (Monday) ..	42	17	633
Newland (Thursday) ..	77	18	1027
Ravendale (Wednesday)	7	16	865

Mothers' Clubs

The Mothers' Clubs held at Ravendale Clinic, 'Beaumont House', Beaumont Fee and Hartsholme Church Hall continue to be well supported. The Committees work with great enthusiasm on the somewhat difficult task of arranging speakers or demonstrations twice a month for nine months of the year. As in previous years, one Health Visitor attends each meeting and is available for advice on any health matters.

During 1967, the attendances at these Clubs were as follows:—

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Ravendale	75	31	558
Central "Beaumont House"	104	49	839
Swanpool Hartsholme Church Hall	70	47	956

Problem Families

It is felt that on the whole very little progress has been made towards the rehabilitation of problem families, but at least some of them have not deteriorated. There have been at least three attempted suicides by the wife of such families, which is an indication of the tension which exists in these households. It is a recognised fact that continual child bearing adds to the difficulties of these families and with this in view, a Clinic is now held every month where, on the recommendation of the Family Doctor or Health Visitor, a woman with social problems can be fitted with an intra-uterine contraceptive device. The first of these Clinics was held on 2nd October, 1967 and by the end of the year 13 women had attended.

The Social Workers Co-ordinating Committee meets every two months under the Chairmanship of the Medical Officer of Health. Officers of the

following Corporation Departments attend — Children, Education, Health, Housing and Welfare — together with representatives of the Ministry of Social Security, Ministry of Labour, Probation Service, National Society for the Prevention of Cruelty to Children, Lincoln Diocesan Board for Social Work, Hospital Almoner Service and the Women's Royal Voluntary Services. Six meetings and one Sub-Committee meeting were held during the year and the problems associated with seventeen families were discussed at these meetings.

Four families were supplied with a Home Help Service free of charge for varying periods during the year. Many more families would no doubt benefit from such assistance, but it is not possible to extend this free service due partly to lack of funds and also due to the difficulty in recruiting suitable persons willing and able to undertake these duties for any length of time.

At the end of the year, there were considered to be approximately 80 families in the City who could be classified as having special problems and requiring constant supervision by, and assistance from, Social Workers.

HOME NURSING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

There were no staff changes during the year and the establishment remained the same as in the previous year, viz: 14 full-time nurses (four of whom are men) and one part-time nurse.

Post-Graduate Courses

Mrs. K. Drewery, Miss L. M. Dawson, Miss J. Griffith and Mr. J. Parker attended Courses at Cambridge and London arranged by the Queen's Institute of District Nursing.

General Remarks

There has been no outstanding change in the District Nursing Service — the type of patient nursed at home remains the same. The nurses look forward, perhaps, to the time when hospital patients will be discharged at an earlier date to the care of the General Practitioner and District Nurses, for example simple surgical cases whose stitches could be removed in the patient's own home. One would have thought that many patients who have a long journey daily to the Casualty Department could be treated at home.

The following table shows that there was a slight increase in the number of cases attended (1,281 compared with 1,245 in the previous year) and also an increase in the number of visits paid by the Home Nurses:

	1967	1966	1965
No. of cases attended by the Home Nurses ...	1,281	1,245	1,227
No. of visits paid by the Home Nurses ...	35,484	32,815	32,514
No. of patients aged under 5 at time of the first visit	13	21	19
No. of patients aged 65 years and over at time of first visit	892	861	765

The issue of pads for incontinent patients being nursed at home is now a daily occurrence. Pads are usually collected from the Health Department by relatives or friends of the patient, but in some cases, the pads are delivered by the District Nurses. During 1967, over 120 persons were issued with these pads and five persons were issued with protective clothing.

Domiciliary Cervical Cytology Service

Two District Nurses have been trained to do this work — one nurse being in the North of the City and the other in the South. The Service which started in August, 1967 is intended for those women who cannot or will not attend the Cytology Clinic held at Newland. By the end of the year 19 smears had been taken, one of which proved to be positive.

Marie Curie Memorial Foundation Day and Night Nursing Service

At the end of the year, five State Registered Nurses, one State Enrolled Nurse and one Nursing Auxiliary were employed by the Foundation for the nursing of patients in their own homes at night. This Service, which is provided for patients in the terminal stage of their illness, is administered by the Local Health Authority and during 1967, 28 patients were cared for in this way. The District Nurses continued to nurse these patients during the day-time and the provision of a nursing service at night meant that the majority were able to remain in their own homes instead of being admitted to Hospital. The Council made a grant of £250 to the Memorial Foundation during 1967/68.

In-Service Training

A series of lectures were given to the staff of the Health Department during the year and invitations were sent to the Health Departments of Lindsey and Kesteven County Councils.

The lectures were as follows:

16th February, 1967 — Mr. R. B. Zachary, Consultant Paediatric Surgeon, Sheffield Children's Hospital: "Modern treatment of Spina Bifida and Hydrocephalus".

6th April, 1967 — Dr. B. M. Mandelbrote, Superintendent, Littlemore Hospital, Oxford: "Preventive Psychiatry".

20th April, 1967 — Mr. J. Stewart, Consultant Surgeon, Lincoln County Hospital: "Modern trends in everyday surgery".

26th October, 1967 — Dr. M. M. Lubin, Casualty Officer, Lincoln County Hospital: "Burns".

30th November, 1967 — Dr. T. Dorman, Senior Hospital Medical Officer, St. John's Hospital, Lincoln: "Post-partum Mental Illness".

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Vaccination against smallpox in the second year of life has now been the policy of the Ministry of Health for the past four years — previously infants were vaccinated at three months of age. The new scheme has been in operation for a sufficient length of time to assess the results of the change. Approximately 550 children have been vaccinated each year since the change in policy compared with over 700 prior to the change.

A summary of the vaccinations carried out during 1967 is as follows:

Vaccinations	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1967 Total</i>
By Local Health Authority's Staff	10	412	5	427
By General Practitioners ...	17	102	49	168
TOTALS	27	514	54	595
Re-vaccinations				
By Local Health Authority's Staff	—	1	8	9
By General Practitioners ...	—	4	51	55
TOTALS	—	5	59	64

Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

The programme for immunisation against Diphtheria, Whooping Cough and Tetanus remained unchanged in 1967. The primary course consists of a total of four injections given at the 4th, 5th, 6th and 16th month of life. A "booster" injection, without the Whooping Cough antigen is given when the child enters School, and the ready co-operation of head teachers and staff in the arrangements for carrying out the immunisation programme at schools is much appreciated.

This programme of immunisation is, of course, altered to suit any individual case (e.g. if parents prefer single antigens or if there has been delay due to illness).

The number of children immunised in 1967 shows no significant change from the number in 1966, as will be seen from the following table:—

Primary Courses Completed	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1967 Total</i>	<i>1966 Total</i>
By Local Health Authority's Staff:					
Diphtheria Immunisation only ...	—	—	2	2	4
Diphtheria-Tetanus ...	15	9	76	100	61
Diphtheria-Tetanus-Pertussis ...	685	140	2	827	883
By General Practitioners:					
Diphtheria-Tetanus ...	1	1	2	4	2
Diphtheria-Tetanus-Pertussis ...	274	37	5	316	346
Totals	975	187	87	1249	1296

Re-inforcing Injections

By Local Health Authority's Staff:					
Diphtheria Immunisation only ...	—	—	33	33	15
Diphtheria-Tetanus ...	—	20	742	762	694
Diphtheria-Tetanus-Pertussis ...	—	790	3	793	785
By General Practitioners:					
Diphtheria Immunisation only ...	—	—	1	1	3
Diphtheria-Tetanus ...	—	21	17	38	31
Diphtheria-Tetanus-Pertussis ...	—	188	40	228	205
Totals	—	1019	836	1855	1733

In an effort to immunise a high proportion of the community, the scheme of home immunisations was continued. Where families are unable to attend an infant welfare clinic or their own general practitioner, a medical officer and health visitor visit the home. This service is greatly appreciated by hard-pressed mothers and is a means of reaching those families who have been most resistant in the past to immunisation propaganda.

Immunisation against Tetanus only

Tetanus immunisation was again offered to primary school children who had not been immunised in infancy, but this number remains small since triple antigen (i.e. antigen containing tetanus toxoid) is almost exclusively used in the immunisation of infants.

Good co-operation exists between the Casualty Department of the County Hospital and the Health Department. It is a simple matter for the state of immunisation of a casualty to be given from the Health Department records to the Casualty Officer. He then decides whether the casualty's immunity is satisfactory and in this way, the use of anti-tetanus serum is kept to a minimum. The Casualty Department informs the Health Department of any tetanus immunisations carried out in the hospital, so that any future immunisation procedure may be modified if necessary.

The following table shows the number of children immunised against Tetanus and receiving booster injections during 1967:—

<i>Primary Courses Completed:</i>	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1967 Total</i>	<i>1966 Total</i>
By Local Health Authority's Staff	—	—	3	3	23
By General Practitioners	—	—	6	6	4
	—	—	—	—	—
Totals	—	—	9	9	27
	—	—	—	—	—
<i>Re-inforcing Injections:</i>					
By Local Health Authority's Staff...	—	—	10	10	16
By General Practitioners	—	2	26	28	17
	—	—	—	—	—
	—	2	36	38	27
	—	—	—	—	—

Poliomyelitis Vaccination

1967 was an uneventful year with regard to poliomyelitis vaccination; the routine vaccination of infants at Infant Welfare Clinics was continued and the numbers of infants vaccinated show little variation from year to year.

Although it is now considered satisfactory to give polio vaccine (Oral) at the same time as triple antigens, the policy has been to continue to give the course of poliomyelitis vaccination after completion of the course of triple antigens.

In accordance with the usual practice, a reinforcing dose of polio vaccine was offered to children in their first year at school. 868 children were vaccinated in school during the Spring and Summer terms, this being combined with the administration of reinforcing injections of Diphtheria/Tetanus vaccine. A small number of first-year school children were given reinforcing doses of vaccine by General Practitioners and the overall total of 906 reinforcing doses administered can be considered very satisfactory.

No case of poliomyelitis was notified during the year and no open vaccination sessions were held. It is now seven years since a case of poliomyelitis was notified in Lincoln and ten years since an epidemic occurred — it is hoped that these facts will not lead to the belief that vaccination against the disease is no longer necessary as it is only by maintaining a high level of immunity among the population as a whole that the present satisfactory state will continue.

The table given below shows the number of persons under the age of 16 years given (1) Complete Primary Courses and (11) Reinforcing doses during the year:

POLIOMYELITIS VACCINATION YEAR ENDED 31st DECEMBER, 1967

Table I — Primary Courses Completed

	<i>Year of Birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1967	1966	1965	1964	1960-63		
By Local Authority ...	118	659	80	48	81	11	997
By General Practitioners	45	181	24	13	14	1	278
Totals	163	840	104	61	95	12	1275

Table II — Reinforcing Doses

By Local Authority: ...	—	—	1	—	868	35	904
By General Practitioners: ...	—	9	18	3	38	4	72
Totals	—	9	19	3	906	39	976

AMBULANCE SERVICE

Ambulance Officer: V. R. NORTH

During 1967 the Ambulance Service carried a total of 47,063 patients; an increase of 7,008 or 17.5% over 1966; in addition 742 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 162,295, an increase of 9,543 miles or 6.2% in the year.

The number of patients carried during 1967 was the highest ever carried by this service, exceeding the previous highest annual figure of 41,588, carried during 1962, by 5,475.

During the two years 1966 and 1967, the work of the service increased considerably as can be seen from the figures given in the Annual Comparative Table. This increase must be attributed to the number of patients transported to the Geriatric Day Unit at St. George's Hospital and to patients carried under Section 28 of the National Health Service Act to the Chiropody Clinic and the two Training Centres. During 1967, 7,278 patients were carried to the 'day unit' and 4,666 patients to the Chiropody Clinic and training centres, a total of 11,944 cases. Excluding the Chiropody Clinic patients, all others are collected during the early morning and returned to their homes during the afternoon, both these periods clash with peak out-patient collection times and create two particularly anxious periods when the resources of the service are extended to the limit.

In order to cope with the increased amount of work it is essential that ambulance accommodation is used to capacity whenever possible, and waiting times can be adversely affected particularly for those patients residing in the more distant parts of the City.

Occasionally during the year, a combination of bad weather and congested traffic conditions increased the number of emergency calls, and when such conditions prevailed and out-of-city work was frequent, a position was created where the volume of treatment cases could not be handled. On these rare occasions, departmental permission was obtained to postpone some

treatment cases; however, such action is never undertaken lightly and only as a last expedient.

During the year, 144 journeys involving 166 patients were undertaken on behalf of the Lindsey Authority, in these operations 1,817 ambulance and 100 sitting case car miles were covered.

The following tables give some indication of the type of case dealt with during the year, and enable comparisons to be made in miles and patients:

Annual Comparative Table

<i>Cases</i>	1967	1966	1965	1964
Ambulance	20,588	16,740	13,316	11,839
Sitting	26,475	23,315	22,204	23,034
TOTAL	47,063	40,055	35,520	34,873
<i>Miles</i>				
Ambulance	75,815	69,449	62,155	56,161
Sitting	86,480	83,303	80,078	81,287
TOTAL	162,295	152,752	142,233	137,448
<i>Miles per patient</i>	3.4	3.8	4.0	3.9

Out of Town Journeys						
1967				1966		
Miles	50/100	100/200	200/300	50/100	100/200	200/300
Journeys	284	74	11	262	94	10

The following table shows the total number of cases moved monthly, analysed into five main categories:

<i>Month</i>	<i>Emergency</i>	<i>Maternity</i>	<i>General</i>	<i>Out-Patients</i>	<i>Section 28</i>	<i>Total</i>
January	133	62	399	3240	275	4109
February	125	48	357	2908	395	3833
March	118	48	378	3050	383	3977
April	123	39	332	3087	432	4013
May	128	46	395	3483	390	4442
June	141	50	415	3325	511	4442
July	145	43	378	3064	460	4090
August	132	39	390	2688	175	3424
September	141	57	360	2549	427	3534
October	119	39	383	2857	403	3801
November	147	40	348	3157	488	4180
December	144	43	352	2352	327	3218
TOTALS	1596	554	4487	35760	4666	47063

The percentage for each section to total cases is: %

(a) Emergency	..	..	..	3.391
(b) Maternity	..	..	..	1.177
(c) General	..	..	..	9.534
(d) Out-Patient	..	..	..	75.941
(e) Section 28	..	..	..	9.957

100.000

(Other authorities in brackets)

Categories	1967		1966	
	Number	Miles	Number	Miles
Street Accidents	452 (66)		701 (108)	
Home Accidents	360 (6)		219 (7)	
Other Accidents	276 (7)			
Street Illness	161 (2)		247 (12)	
Home Illness	1941 (52)		1970 (108)	
Other Illness	113			
Mental Illness	84 (1)		72 (2)	
Out-Patients	35751 (9)		32416 (10)	
Maternity Cases	525 (29)		643 (81)	
Infectious Cases	46		15	
Hospital Discharges	965 (8)		1032 (8)	
Hospital Transfers	1540 (3)		1364 (3)	
Training Centres	2917		193	
Chiropody Clinic	1749		844	
Totals	46880 (183)	162295	39716 (339)	152752
	47063		40055	
NON-PATIENT CARRYING JOURNEYS: (Mileage included in above totals)				
Flying Squad	1			
Midwives	243		193	
Abortive	292		254	
Service	206		184	
Analgesia			2	
	742		633	

Staff

From the 1st of April, 1964, holiday entitlement for driving staff was increased, for those men with five years service by three days, and for men with twelve years service by one extra week, this increased holiday entitlement is a continuing process and its full effects have not yet been reached.

There were no staff changes during the year and establishment remains as follows:

	1967	1966	1965	1964	1963	1962
Ambulance Officer	1	1	1	1	1	1
Deputy Ambulance Officer	1	1	1	1	1	1
Female Clerk	1	1	1	1	1	1
Female Clerk/Telephonist	1	1	1	1	1	1
Shift Leaders	5	5	5	5	4	4
Driver/Attendants	24	24	22	20	20	22
Male/Clerk/Telephonist	—	—	—	—	1	1
TOTAL STAFF	33	33	31	29	29	31

Illness

During the year sickness was reasonably light and 90 days were lost due to illness involving 28 men, of the 28 men involved 19 were ill for periods varying between one and three days.

Training

During the summer of 1967 agreement was reached with the men to attend the station for training purposes on one night each month, this training night is in addition to the facilities provided by St. John Ambulance Association for lectures and examinations in First Aid.

During the winter months when duties permit, operational staff, in turn, attend the County Hospital Recovery Room for tuition in modern methods of resuscitation; it is hoped every man will have completed this training by the end of 1968.

Competitions

All members of the driving staff were again entered in the National Safe Driving Competition, and awards for 1966 were presented at the Adult Training Centre to those drivers who had qualified. This year wives and relatives were invited to the ceremony and a social evening followed.

Equipment

The 'Novox' portable oxygen equipment, having given good service for many years was replaced during the year with modern bag and mask type resuscitators. Each ambulance now carries a modern positive pressure resuscitator which provides an easy and immediate means of applying artificial respiration with atmospheric air, and, used in conjunction with oxygen safety regulators, provides oxygen enriched air when required in acute cases of respiratory failure.

The following equipment, held at the ambulance station in a constant state of readiness, is used in the conveyance to hospital of babies requiring oxygen on the journey:

1. A portable incubator, supplying the necessary oxygen concentration and humidity conditions. This incubator is thermostatically controlled and is designed to maintain its heat from the electrical supply of the vehicle during the journey.
2. An 'Oxygenaire Oxycot' for the use of babies up to six months.

Radio Control

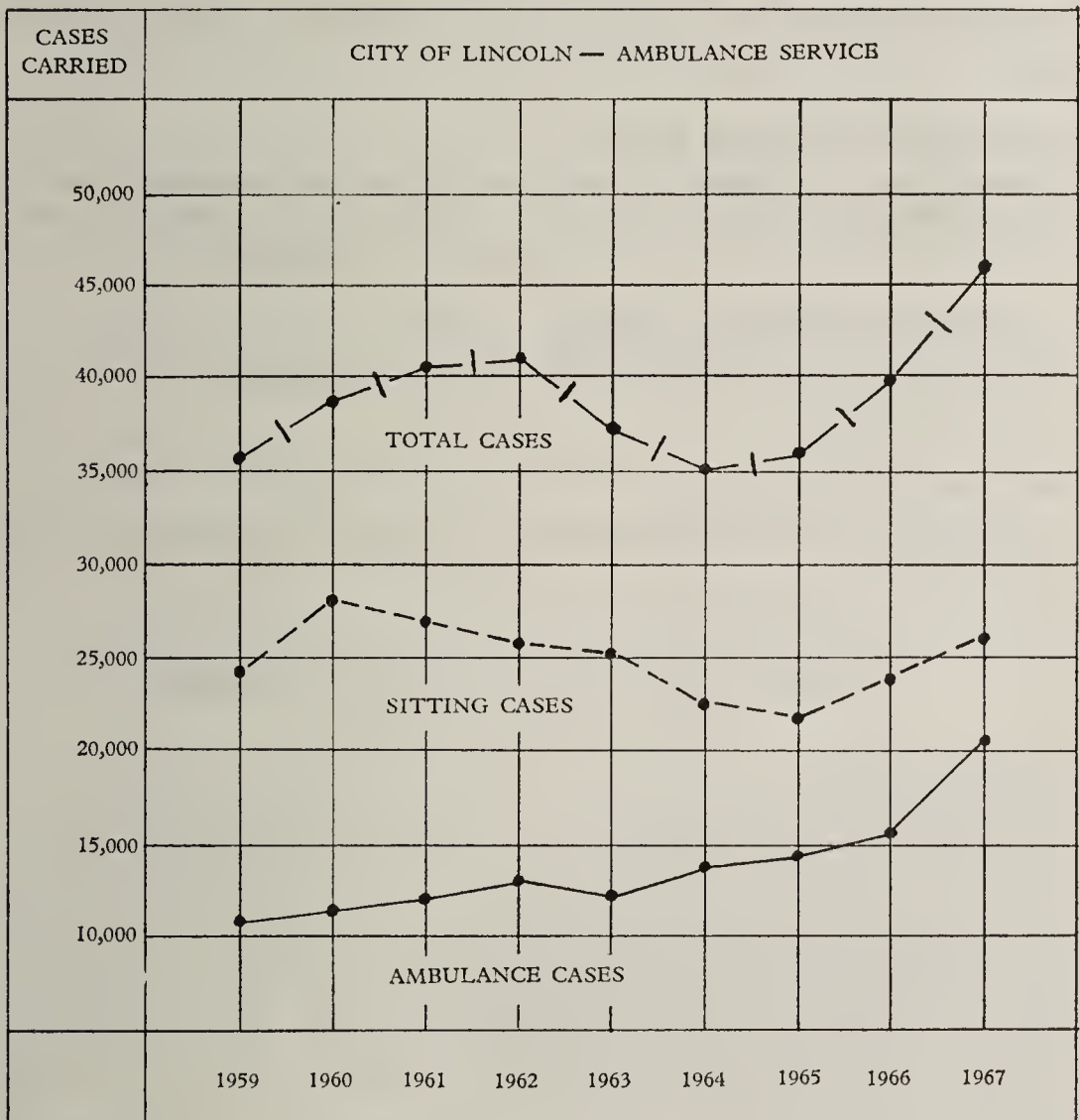
During December, 1966, the District Midwives were issued with battery operated pocket radio-telephones, and in order to give 24 hour cover, a controlling 'base station' was installed at Ambulance Headquarters.

In full operation throughout 1967, this type of equipment provided the midwives with the means of obtaining immediate and efficient two-way communication, irrespective of location, within a radius of approximately five miles from the base station and was a distinct improvement on their system of communication.

During the year authority was given to a number of General Practitioners to test the equipment with a view to improving their own communication system, and a series of tests were carried out extending over a period of weeks.

Eventually, satisfied with the result of their tests, two firms of Doctors obtained their own radio-telephones, and with Committee approval were included in the midwives' control system.

The extra work resulting from the control of midwives and doctors did not unduly disrupt the day to day work of the ambulance service; however, with the present control facilities at the ambulance station, and due to the more involved type of message relating in particular to the midwifery service, a limit will have to be placed on the number admitted to this method of control.



Vehicles

There was no replacement or addition to the fleet during the year, the vehicle maintenance programme continued at a high standard and no major breakdowns occurred.

At the 31st December the fleet statistics were as follows:

<i>Type</i>	<i>Make</i>	<i>Year</i>	(1967) <i>Mileage</i>	(1966) <i>Mileage</i>
Ambulance	Bedford	1958	149,097	128,866
Sitting case	Bedford	1958	145,173	133,686
Ambulance	B.M.C.	1960	116,298	99,918
Ambulance	B.M.C.	1961	76,189	65,458
Ambulance	B.M.C.	1962	70,778	53,369
Sitting case	B.M.C.	1962	78,531	63,920
Dual Purpose	B.M.C.	1962	78,173	62,867
Hire Car	B.M.C.	1963	92,239	72,704
Hire Car	B.M.C.	1964	79,440	53,899
Ambulance	B.M.C.	1965	25,813	14,950

Patients carried by rail

Railway facilities were used in conveying 94 patients an estimated 8,389 miles.

Transport of Chiropody Patients

During the year 874 patients were transported to and from the Chiropody Clinic at Beaumont Lodge, an increase of 452 patients. Mileage increased by 2,640 to 5,346 miles, this mileage includes 114 abortive journeys.

Co-operation with other Services

Co-operation with the Police, Fire and other Ambulance Services continued at a high level.

Fuel Consumption

During 1967, petrol consumption was 11,131 gallons an average of 14.58 miles per gallon.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The need for Tuberculosis preventive work has declined steadily in recent years *pari passu* with the declining incidence of the disease. There is no longer any need for a special Officer solely for this work and a Health Visitor undertakes the necessary duties in a part-time capacity. She attends at the Chest Clinic two sessions each week and during 1967 she attended 93 sessions, compared with 112 sessions during the previous year. Her attendance affords a suitable opportunity for seeing new patients. She undertakes the visiting of the patient and his family before admission to hospital, explains about his treatment and arranges for contacts to attend the Chest Clinic where adults have a Chest X-ray and children a skin test with subsequent B.C.G. vaccination if found to be necessary. During 1967, 11 new cases of Tuberculosis were notified, compared with 13 in 1966.

When a patient is not admitted to hospital, but has treatment at home, the Health Visitor instructs the patient and relatives in the taking of drugs, disposal of sputum and general hygiene. Any home nursing equipment needed is provided, the services of a Home Help are obtained if required and advice is given regarding obtaining additional financial assistance in necessitous cases.

The duties of this Health Visitor also include:

- (a) The follow-up of patients immediately after discharge from hospital to advise on continued treatment at home and to arrange for any necessary assistance to be provided and to undertake further routine follow-up visits as necessary.
- (b) Visits in connection with reading Mantoux tests, Heaf testing, B.C.G. vaccination and follow-up of non-attenders at the Chest Clinic; also any special visiting requested by the Chest Physician.
- (c) Visits to the Senior Schools in the City during the Autumn Term, accompanied by a School Medical Officer, to carry out the B.C.G. vaccination of children in the 13-14 years age group.

During 1967, the Tuberculosis Health Visitor paid 148 domiciliary visits, compared with 169 during the previous year.

The following is a list of the special facilities available for the Tuberculous patient:

1. Free Milk — After a financial assessment has been made, one or more pints of free milk daily may be allowed to a patient. 20 patients received free milk during 1967 and of this number, 19 persons continued to receive assistance granted in a previous year.
2. Financial Assistance — can be obtained from the Dawber Trust Fund and from the Lincoln Sick Poor Fund, mainly towards help with clothing or in some cases with coal.
3. Home Help Service — is available for elderly patients or where the patient is a mother with a young family.
4. Home Nursing Equipment — is available for patients nursed at home.
5. Voluntary Services — The W.R.V.S. and British Red Cross Society also provide assistance. The W.R.V.S. have a clothing store from which some patients have benefitted and the Red Cross Society have a supply of home nursing equipment.
6. Housing — in some cases where there is overcrowding or insanitary conditions, consideration is given to the problem of rehousing. Recommendations are made by the Health Committee to the Housing Committee and a case receiving priority recommendation is usually rehoused in a matter of months.

Contacts of cases coming to the notice of the Health Department of persons dying from Tuberculosis whose disease was not notified during life, are followed up by the Department. Visits are paid by the Tuberculosis Visitor and arrangements are made for members of the family to attend for examination at the Chest Clinic. There was 1 case in this category during 1967.

I am indebted to the Consultant Chest Physician, Dr. H. G. H. Butcher, for the following report:

“There was little change in the work of the Chest Unit as compared with the previous year. As was to be expected, the number of cases of Tuberculosis now being diagnosed appears to have reached a level after the steady decline of the past few years.

The majority of time is now taken up by patients suffering from Asthma, Bronchitis, Bronchiectasis, Cardiac diseases and Carcinoma of the lung. The latter, of course, presents the real problem of the day.”

B.C.G. VACCINATION

Contact Scheme

Under the scheme for the protection of contacts, B.C.G. vaccination is carried out by the Chest Physician on behalf of the Local Health Authority and all child contacts of known tuberculous patients who on testing are found to be "Mantoux Negative" are offered vaccination at the Lincoln Chest Clinic.

The number vaccinated under these arrangements during 1967 was 84 as compared with 102 in the previous year.

School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1967 under the approved scheme.

The senior schools in the City were visited during November by a medical officer accompanied by a nurse and clerical assistant. All children in the 13-14 years age group whose parents had given consent had a Heaf skin test and, if found necessary, were vaccinated with B.C.G. The "consent rate" for 1967 was 90%.

The following table gives details of the numbers dealt with during 1967:

Number skin tested	..	..	966
Number found positive:			
Heaf grades 1 and 2	..	..	59
Heaf grades 3 and 4	..	..	17
Number found negative	..	..	846
Number vaccinated	..	..	841

The number found positive was 8.2% of the number tested, as compared with 9.7% the previous year.

The Heaf positive reactors were graded in accordance with the degree of the reaction. Grades 1 and 2 children were referred to the Mass Radiography Unit in February, 1968. All except two children attended and results were as follows: No evidence of disease 57, Grades 3 and 4 children were given an appointment to attend for a large film at the Lincoln Chest Clinic and the results may be classified as follows:

No evidence of disease	..	..	..	..	13
Signs of old healed lesions: For follow-up by Chest Physician	..	..	..	..	1
No further action	..	..	..	..	2
Failed to attend, but under care of Chest Physician some years ago	..	..	..	..	1
					<hr/>
					17
					<hr/>

MASS RADIOGRAPHY

The Lincolnshire Mass Radiography Unit paid a visit to the City during January and February, 1967 and public sessions were held on the Thornbridge Car Park.

The total number of attendances during this survey was 11,552 compared with 8,134 during 1966.

I am indebted to the Medical Director of the Unit for the following information giving details of the work carried out during the survey:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
No. X-rayed on miniature film	6247	5305	11552
No. recalled for large films	70	75	145
No. referred to Chest Clinic	22	23	45
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment	5	4	9
No. of cases of Pulmonary Tuberculosis requiring occasional supervision	1	5	6
Pulmonary Tuberculosis p.p. inactive ..	2	1	3
Bronchiectasis	1	1	2
Neoplasm, malignant	4	1	5
Neoplasm, non-malignant	—	1	1
Cardiac abnormality	—	—	—
Sarcoidosis	3	1	4

X-ray Examination of Staff

Arrangements are made for the X-ray examination, prior to appointment of new staff of the Council's Day Nursery, Children's Homes, and also employees of the Education Authority such as teachers, student teachers, school caretakers, school meals staff, etc., in fact, all Corporation employees who come into contact with children during the course of their work. In addition, the staffs mentioned are invited to undergo a chest X-ray when the Mass Radiography Unit is available in Lincoln.

Immigrants

During the year information was received in respect of 25 immigrants who were reported as coming to reside in the City. All the addresses were visited by a Health Visitor, but it was not possible to trace an immigrant at five of the addresses given. The remaining 20 were visited and appropriate advice was given regarding the Health Service facilities available to them. Arrangements were made for a Chest X-ray examination at the Chest Clinic in appropriate cases.

OTHER ILLNESSES

The Council's Welfare Department undertakes the care and after-care, under Part III of the National Assistance Act, 1948, of partially sighted and blind persons, deaf and partially deaf persons, persons suffering from other handicaps and the aged and infirm.

Close co-operation was maintained during the year between the Health Department and the Welfare Department.

In connection with blind persons, table 'A' below gives information regarding the incidence of blindness during 1967 and the steps taken with regard to treatment. Table 'B' shows that there was no notification of ophthalmia neonatorum during the year.

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

		<i>Cause of Disability</i>			
		<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which section F(i) of Forms B.D. 8 recommends:—					
(a) No treatment	... ..	1	1	—	16
(b) Treatment (Medical, surgical or optical)	... ..	7	3	—	13
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment					
	... ..	2	3	—	12

B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	...	...	...	...	—
(ii) Number of cases in which:—					
(a) Vision lost	... ..	...	...	...	—
(b) Vision impaired	... ..	...	...	...	—
(c) Treatment continuing at end of year	...	...	...	...	—

After-Care of Patients following discharge from Hospitals

From time to time, mainly in connection with aged persons, a request is made by the Hospital Almoner for after-care, help and supervision. This usually takes the form of arranging in advance for the services of a Home Help and visiting by the Health Visitor.

Occasionally the request is in connection with an aged person living alone who has left hospital against medical advice, and the District Nurse and Home Help co-ordinate care in association with the General Practitioner.

Provision of Nursing Equipment and Apparatus

The City Health Department maintains a store of standard articles of nursing equipment.

During the year 477 patients were assisted and 884 articles of equipment were issued. The comparable figures for 1966 were 583 patients assisted and 1057 articles issued. There was a steady demand throughout the year for most of the items of nursing equipment and almost without exception it was possible to supply every article requested.

Particulars of the equipment issued during 1967 are as follows:

Air rings	49
Bath seats	3
Bed cages	37
Bed pans	127
Bed rests	129
Bed pans (rubber)	3
Bed tables	1
Bedsteads	15
Commodes	94
Crutches (pairs)	5
Dunlopillo cushions	25
Dunlopillo mattresses	6
Feeding cups	13
Fracture boards (sets)	7
Hoists	1
Mackintosh sheets	171
Mattresses	11
Pillows	1
Tripod Walking Sticks.. .. .	24
Urinals	104
Walking Aids	11
Walking Sticks	9
Wheel chairs	38
	<hr/>
	884
	<hr/>

CHIROPODY SERVICE

The Chiropody Clinics are held at 'Beaumont Lodge', Beaumont Fee and the majority of patients manage to make their own way to the Clinic. Other patients who are unable to use public transport by reason of physical disability are conveyed to and from the Clinic by the Ambulance Service on the recommendation of the family doctor. In addition to the Clinic a Domiciliary Service is provided for those patients who are unable to attend the Clinic even with the aid of transport.

This was the first year during which three full-time Chiropodists were employed and it was thus possible to treat more patients than in previous years. The examination and treatment of school children at school for verrucae was continued during the first Quarter of the year but from the 1st April the School Health Department was able to obtain the services of a part-time Chiropodist to do this school work. A small number of school children who had been undergoing treatment at the Clinic continued to attend until their treatment was completed and by the end of the year no children were being treated by Health Department Chiropodists.

A careful check was kept on the numbers of patients requesting treatment at home; there is a distinct tendency on the part of some patients to ask for domiciliary treatment when they are in fact well able to attend the Clinic. The number of home visits showed a slight, but not significant, increase on the previous year.

The large number of Clinic appointments not kept was unfortunate, but unavoidable; the failure rate represents 0.76 patients per Clinic session and at first sight it might be thought possible to book an extra patient per session

in the expectation of a failure to attend. In practice, however, this does not work out as the non-attendances are unpredictable, a cold foggy morning in winter or an Old Peoples' Outing in summer can result in a session with practically no patients, whereas the remaining sessions during the same week will be well attended.

The following table gives the details of attendances and income received from patients during 1967:—

	<i>No. of Sessions</i>	<i>Total Attendances</i>	<i>Average Attendances per Session</i>	<i>Total Receipts</i>
Morning Clinics	555	3702	6.6	£665 19s. 6d.
Afternoon Clinics	458	3013	6.5	
Home Visits		1302		£119 6s. 6d.
Examination and treatment of school children				£785 6s. 0d.
at school and clinic			643	
Clinic appointments not kept			772	

YELLOW FEVER VACCINATION

In accordance with Ministry of Health Circular 19/59 (dated 25th June, 1959), Yellow Fever Vaccination continued to be available at the Health Department on request, to persons travelling abroad.

Under Section 28(2) of the National Health Service Act, authorities were empowered, with Ministry of Health approval, to recover such charges as the authorities considered reasonable. The City Council decided that a reasonable charge (having regard to the cost of the vaccine) would be £1 1s. 0d. per vaccination.

During 1967, 238 vaccinations were carried out, the largest number since the scheme was started, and the persons were from the following areas:

Lincoln	55
Lindsey County	68
Kesteven County	75
Holland County	17
Nottinghamshire County	16
Other areas	7
	<hr/> 238 <hr/>

HEALTH EDUCATION

The appointment of Miss C. A. Thompson, Health Visitor as part-time Health Education Officer (a new post) as from 1st April, 1967 was certainly a step forward and it is hoped that her appointment will contribute towards a gradual expansion of the Department's Health Education Service.

The Health Visitors in their homes and their work in clinics continued to carry out the all important but non-spectacular programme of Health Education. A course was conducted by one of the Health Visitors at two Secondary Modern Girls' Schools and the subjects dealt with included — personal hygiene, nutrition, hazards to health, parenthood, principles of first aid, home safety, etc. The increasing trend of early marriages points to the need for further education in schools on these subjects.

The mothercraft classes conducted at the Maternity and Child Welfare Centre, Newland and the Ravendale Clinic, Laughton Way continued to be well attended as were also the three Mothers' Clubs.

Miss J. Williamson, Senior Health Visitor, gave a course of lectures on the care of babies and infants at the Lincoln Technical College during the first term of 1967. The students attending these lectures were studying for the Examination of the National Nursery Nurses Examination Board

As far as possible, health education posters and display materials were presented at a time when it was thought they would have the greatest impact. The Medical Officer of Health, Deputy Medical Officer of Health, Superintendent Nursing Officer, Ambulance Officer, Home Help Organiser, Public Health Inspectors and the Dental Clinic staff gave talks to various organisations during the year on a variety of topics. A further course on Food Hygiene for food handlers was arranged by the Lincoln Technical College and lectures were given by the Deputy Chief Public Health Inspector.

The monthly publication *Better Health* continued to be available for free distribution at the 'Stork Clubs', the Infant Welfare Clinics and at the Health Department.

The Home Safety Committee met quarterly and during the year talks and demonstrations, arranged by that Committee, were given to various organisations. Members of the Fire Brigade staff, the Police, Gas Board, Electricity Board and St. John Ambulance Brigade in addition to the staff of the Health Department co-operated in taking part in these talks and demonstrations.

"Mental Health Week" — with the slogan: "Work to be done" was held from 3rd to 11th June and details of the activities arranged locally are given in the section dealing with the Mental Health Services.

With regard to 'Smoking and Health', the Head Teachers are aware that the Health Department Medical Staff and the Health Education Officer are willing to give talks and show a film on this topic. However, during 1967, only one Head Teacher made arrangements for such a talk to be given. It is regretted that as so many parents and teachers are smokers, the impact of anti-smoking propaganda in schools is lessened.

Much publicity was given during the year in the National Press to the growing problem of drug dependence, particularly amongst young people. This problem was discussed by those particularly concerned with the welfare of the youth of the City and it was felt that from the evidence available, the problem in Lincoln was not as great as reported in the larger towns and cities. It is felt that this is a subject which should be dealt with by those with special knowledge of the problem and unfortunately, such persons are not normally on the staff of a Health or Education Department. From a general enquiry made by the Ministry of Health during the latter part of 1967, it would appear the drugs belonging to the amphetamine group were the main problem in most areas and marijuana presented a special problem in that there was a divergency of medical opinion concerning this particular health hazard. Some Medical Officers of Health were concerned that the holding of general meetings would attract 'do-gooders' and enthusiastic amateurs who might tend to over dramatise the situation or want to organise a crusade to protect the youth of the district.

WOMEN'S CYTOLOGY CLINIC

A Cytology Clinic for the early detection of cancer of the cervix was started in Lincoln in December, 1964 and from the outset this clinic has met with outstanding success. For nine months, one session only was held each week, but as the number of requests for an appointment became so great, a second weekly session was started in September, 1965 and a third session

in November, 1966. Clinics are now held each Monday morning, Tuesday morning and Tuesday evening at 34 Newland. The staff of each clinic consists of a Medical Officer, Nurse and Clerk (all female) and women are seen by appointment, thus ensuring little, if any delay. Many of the women wishing to attend the clinic are resident in districts adjacent to the City in the areas of the Lindsey and Kesteven County Councils. However, by arrangement with the County Councils, no woman is refused an appointment because she lives outside the City and payment is made by the County Councils for this service provided by the Lincoln City Council. The maximum number seen at any clinic session during the year was 25.

Although the clinics are extremely well attended it is felt that many women particularly at risk are not attending the clinic for various reasons. It is known that the incidence of cancer of the cervix is highest in the less privileged sections of the community and in order to help these women, a domiciliary service (on a small scale) was started in August, 1967. Two of the District Nurses (one in the North and one in the South of the City) were trained to carry out the smear test and domiciliary visits are made by them to women known to the Health Visitors and recommended by them for the 'domiciliary service'. By the end of the year the District Nurses had taken 19 smears and one of these was found to be positive.

Towards the end of the year, women who had attended the Clinic when it first started in 1964/65 were being sent for again for their second test.

The following table shows the number of women who attended the Cytology Clinic during 1967:

No. of women who attended Cytology Clinic during 1967	Lincoln	Lindsey	Kesteven	Total
.. .. .	1431	283	505	2219
No. of positive smears	7	3	3	13
No. of women awaiting appointments on 31st December, 1967				50

HOME HELP SERVICE

Organiser: MISS H. BALDWIN

The administrative staff of the Home Help Service consists of the Home Help Organiser, the Assistant Home Help Organiser, one full-time clerk and one part-time clerk.

During the year, the number of applications for the services of a Home Help fluctuated, the heaviest demands, as in previous years, were between January and March. The total number of applications for assistance received during the year was 477 and of these, at least 160 were later cancelled. 19 requests for help in maternity cases did not materialise and 4 applications were booked for confinements due in 1968.

The following table shows the growth of the service during the past three years and also that the total number of hours worked by the home helps has increased substantially:—

Cases assisted:	1965	1966	1967
Aged and infirm	640	680	722*
General illness and chronic sick under 65 years	94	85	109†
Mentally disordered	17	10	23
Maternity	52	65	34
Tuberculous	5	2	4
	<u>808</u>	<u>842</u>	<u>892</u>

* includes 37 blind persons † includes 6 blind persons

Hours worked:	1965	1966	1967
Home Helps	129,155	132,395	138,087
Night Attendants	5,441	5,360	3,525
	<hr/>	<hr/>	<hr/>
	134,596	137,755	141,612

Home Helps employed at the end of the year:—

Full-time	12	13	14
Part-time	127	121	132
Whole-time equivalent	71	77	79

The part-time helps included 14 Night Attendants in 1965, 7 in 1966 and 9 in 1967.

The number of hours worked in 1967 was 3,857 more than in the previous year (137,755), due no doubt to the fact that a number of home helps put in extra time when requested in order to give immediate help to sick persons in an emergency. Also, more part-time helps were employed to cover special cases.

Aged and Infirm Persons

More than 75 persons were given daily help over a long period during the year, mainly to light fires, clean grates, assist the elderly to dress and give them breakfast. The number of those who should have regular weekly help exceeds 500 and includes more than 40 persons under the age of 65. The remainder are elderly and frail. 17 persons who had help were over 90 years of age (2 of whom were blind). Approximately 267 who were supplied with help at some time during the year were between 81 and 90 years of age and 16 of these were blind; 345 persons were between 71 and 80 years, 12 being blind. Of the remainder, 99 were between 66 and 70 years, 7 of whom were blind. There is still a problem regarding allocation of immediate help to persons being discharged from hospital after a fairly long stay. The houses are often cold and damp and there are often difficulties in ensuring that the houses are warm, dry, clean and that there is food available.

Tuberculous Cases

The number of persons suffering from tuberculosis and requiring the services of a Home Help has decreased considerably in recent years due to the decline in the incidence of the disease. Of the four cases assisted during 1967, two have had intermittent help for 5 and 6 years respectively. The home helps who attend these cases are specially selected and difficulties may be encountered in recruiting suitable helps, if new cases arise.

Administration

The Home Help Service has an important part to play in the care of sick, elderly and infirm persons in their own homes and it is hoped that eventually adequate help may be given to all those who desire to remain in their own homes as long as possible.

The appointment of home helps and their resignations increase the work of the administrative staff. The number of helps who resigned during 1967 was greater than in previous years and it would appear that helps are not staying in the Service as long as those who were recruited between 1955 and 1966. Recruitment is not easy and although many women apply for employment, relatively few are considered to be suitable. A special advertisement was inserted in the local paper in October for staff to cover the St. Giles

area and out of 29 applicants, only 3 were appointed. It is almost impossible for the Service to run smoothly at all times, as frequently the helps have to be re-directed to cover emergency and maternity cases.

There was also more than average sickness amongst the home helps and their families and this meant that a number of elderly persons, not house-bound, had to be without help for more than one or two weeks.

Due to the considerable increase in the number of home helps employed in recent years, the office accommodation is now totally inadequate to meet the need for interviewing and paying the wages of the helps each week and action to remedy the situation is urgently needed. Of the 129 home helps employed, 37 have had more than 5 years service and are entitled to extra holiday. 12 of the 37 have had more than ten years service.

Approximately £2,900 was paid to the Department for Home Help Service during 1967 and this amount is by no means substantial when one considers the work which has to be undertaken in order to recover so many small accounts.

Visiting

The importance of home visiting cannot be over-emphasised. It is desirable to visit each case before help is sent, to follow-up the case to ensure adequate help is being received and also that help is not continuing when it is no longer necessary.

During 1967, 414 interviews took place in the homes of applicants and a further 319 visits to homes to re-assess the charge for the service or to check the continued need for the service. A further 168 visits were made to the home helps when working and to their own homes when changes of programme were necessary. This number also included visits made in the evening to night attendants either to take instructions for a new case or to cancel an original arrangement. Approximately two thirds of the recipients of help were granted a free service and about 300 persons made some payment.

Toxaemia of Pregnancy

Only one case of toxaemia of pregnancy was given the services of a home help during the year, enabling the mother and family to stay at home prior to admission to the Maternity Home for her confinement.

The scheme for providing a free Home Help Service to primiparae having treatment for toxaemia at home and for multiparae having treatment at home or in hospital was introduced in May, 1966.

Problem Families

Assistance was given during the year to four problem families and no charge was made for the Service. It is extremely difficult to allocate home helps to assist this type of family. Their problems are numerous and the work, even though rewarding at times, is onerous. One home help has been with a particular family for more than one year, and another has attended for a few months. In some instances, conditions are so bad that it is necessary to send two home helps and it becomes increasingly difficult to enrol and keep home helps willing to work with this type of family.

Night Attendant Service

At the end of the year 9 Night Attendants were employed in the Service, but unfortunately the majority could only work two or three nights a week

and rarely at week-ends and much last minute planning was necessary to ensure that the Attendants were able to undertake duties when required. Recruitment of staff continued during the year and an advertisement inserted in the local press in June resulted in 11 persons applying and 4 being appointed as Night Attendants.

54 cases were assisted during 1967 compared with 67 in 1966 and 53 in 1965. The number of hours worked by the attendants was 3,525.

MENTAL HEALTH SERVICES

Senior Mental Welfare Officer: J. B. GRACEY

The Mental Health Act, 1959

During 1967 there was an increase in the number of cases reported to the Mental Welfare Officers, also in the number of admissions to hospital and home visits. The Liaison Committee for Mental Health Services, which was formed during 1966, with the object of improving liaison between hospital and local authority services, met only twice during 1967, and no further meetings were held. This was unfortunate as it was the opinion of most members that a closer understanding and unison between the services may have been achieved. It became noticeable, however, that there is still a long way to go if both the local authority and hospital service are to work in harmony. General Practitioners have formed a closer liaison with the Mental Welfare Officers, and it is anticipated that in the years ahead an even better relationship and understanding will be reached. The Social Welfare Officers, Health Visitors, Ministry of Labour and Social Security, and other departments, remain most helpful and co-operative. The facilities offered by the professional and voluntary agencies cannot be overlooked in particular the British Red Cross Society and Women's Royal Voluntary Services.

Administration of matters relating to the mental health of the community is delegated by the Health Committee to the Mental Health Services Sub-Committee, which consists of five elected members of the Council, and four co-opted members, one of whom is a Consultant Psychiatrist and another a retired Headmaster.

Staff

The staff remained the same as in the previous year, apart from the loss of the part-time clerk, who transferred to the Adult Training Centre, on 10th April, on a full-time basis.

Mental Illness

Table 1. Compulsory and Informal Admissions (Previous year's figures in brackets).

	<i>Males</i>	<i>Females</i>
Patients admitted to hospital, Section 29, Mental Health Act, 1959	9 (20)	9 (8)
Patients admitted to hospital, Section 25, Mental Health Act, 1959	15 (15)	32 (28)
Patients admitted to hospital, Section 26, Mental Health Act, 1959	14 (6)	6 (6)
Patients admitted to hospital, Section 60, Mental Health Act, 1959	1 (2)	— (—)
Patients admitted to hospital, Section 5, Mental Health Act, 1959	34 (31)	38 (35)
Patients returned to hospital after absconding Section 39/40	8 (2)	5 (1)
	<hr/>	<hr/>
Total ...	81 (76)	90 (78)
Direct Admissions: By Arrangement with Patient's General Practitioners and Consultant Psychiatrists following domiciliary visits	60 (40)	59 (64)
	<hr/>	<hr/>
Grand total ...	141 (116)	149 (142)

Visits to homes where after-care is required are made by the Mental Welfare Officers, who each carry a personal case load, including children and adults suffering from subnormality and severe subnormality. Every effort is

made to form an individual contact, but where this is not possible the relatives are visited and reports are obtained from them, or failing this it is quite frequently necessary for the Mental Welfare Officer to visit homes out of normal working hours. So far as the subnormal and severely subnormal are concerned it is the endeavour of the Mental Health Service to apply the skills and experience of each Mental Welfare Officer by giving to the parents and relatives friendly advice, guidance and any other help that the service is capable of providing. This often involves calling upon various other agencies when dealing with some of the problems and difficulties, and by a sympathetic understanding and tactful approach the Mental Welfare Officer can usually create a very good understanding and relationship with all concerned.

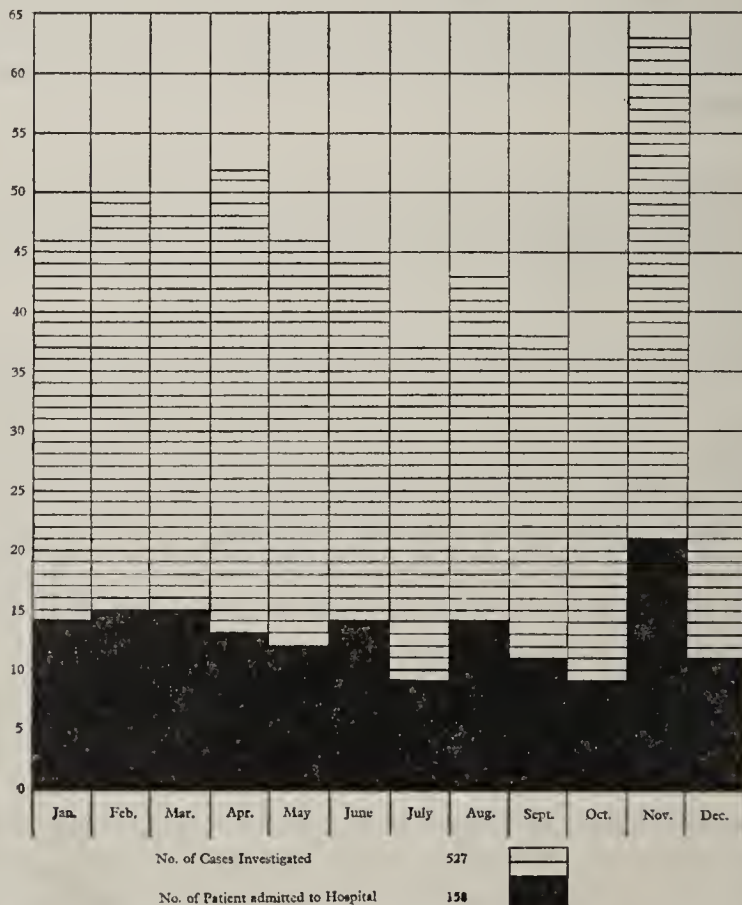
The number of patients receiving after-care at the end of the year was as follows:

Mentally ill — children and adults	..	..	234
Mentally ill — elderly infirm	..	..	20
Subnormal — children and adults	..	..	127
Severely subnormal — children and adults	..		61
			<hr/>
			442
			<hr/>

By the end of December a total of 6,101 visits had been made to patients in their own homes, an increase of 721 visits compared with the previous year's total of 5,480. In addition 357 visits were made to hospital in-patients, and 962 patients and relatives were interviewed in the Mental Health Service department.

MENTAL ILLNESS

Cases investigated and admissions per month during 1967



Where new cases are reported to the Mental Health Service prior to admission to hospital, pre-care is commenced where necessary, and every endeavour is made to continue with after-care upon discharge from hospital. Many of the cases dealt with have social, domestic, marital and financial problems, but whatever the problem the skill and tact of the Mental Welfare Officer is required.

Table 1 Number of admissions to hospital:

<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>under 16</i>		<i>over 16</i>		
3	—	70	85	158

Table 2 Number of persons referred to the Mental Health Service during the year ended 31st December, 1967.

	Mentally Ill				Subnormal				Severely Subnormal				
Referred by:	<i>Under 16</i>		<i>Over 16</i>		<i>Under 16</i>		<i>Over 16</i>		<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	M	F	M	F	M	F	M	F	M	F	M	F	
General Practitioners and Consultant Psychiatrists	1	—	41	57	—	—	—	1	—	1	—	—	101
Hospital — on discharge from in-patient treatment	3	—	77	87	—	—	2	1	—	—	—	1	171
Hospital — after or during out-patient or day treatment	—	—	3	—	—	—	—	—	—	—	—	—	3
Local Education Authority	—	—	—	—	1	—	—	5	—	—	—	2	8
Police and Courts	—	—	20	2	—	—	2	—	—	—	—	—	24
Other Sources	2	—	95	88	—	—	11	15	3	3	1	2	220
Total	6	—	236	234	1	—	15	22	3	4	1	5	527

Social Histories and Progress Reports submitted by Mental Welfare Officers totalled 152, this was a decrease of 32 on the previous year's total of 184.

Case Conferences and Discussions

Case Conferences held at Ward level, St. John's Hospital, continued as in previous years, and meetings were held every Tuesday and Thursday morning. At these meetings patients are interviewed and the question of the patient's future is discussed. Prior to these meetings a Mental Welfare Officer visits the relatives of the patient in order to obtain a detailed report with special reference to the home circumstances, including the relative's views, in the event of the patient's discharge. The Mental Welfare Officer involved in such cases is usually present at the Case Conference and relatives are also invited to attend. In this way a good relationship is formed between

the officer, relatives and the patient. Similarly though it is not always possible to make regular visits to long term patients in hospital, it has been found that the nursing staff are always willing to report upon patients from time to time.

Mental Health Week

Mental Health Week was held during the week 3rd — 11th June, and various activities took place of special interest to the community. St. John's Hospital was open to the public on three afternoons of the week, during which time films were shown, talks given by Consultant Psychiatrists, visits to the wards and a display of industrial and other forms of therapy carried out in the hospital. A static display was provided by the local Mental Health Service showing and explaining the various services available for any member of the community who has suffered or is suffering from mental illness, and a Mental Welfare Officer was in attendance to answer any questions relating to mental health. The Junior Training Centre, Adult Training Centre and Hostel were also open to the public at various times during the week, the final event on Friday evening was a dance organised by the Mental Health Service staff and members of the Welcome Club.

Social Clubs

The Beaumont House Social Club held on Monday evenings for adult subnormals continues to retain its interest and membership, and for many members this is the only form of entertainment in which they participate. During the latter half of the year several members of the Society for Mentally Handicapped Children have attended club meetings each week, and helped in providing entertainment, which has been of great assistance particularly to the Mental Welfare Officers, who are always in attendance at the club. Acknowledgements are therefore made to the voluntary helpers, and of course to the Women's Royal Voluntary Services, who still assist at the club meetings by preparing refreshments.

The Welcome Club for the mentally ill has also continued to thrive, and throughout the year entertainers, film shows and talks have filled the programme, in addition to old-time and modern dancing, bingo and other indoor games. Several dances have been held and have steadily increased in their popularity and inevitably most of the organising has fallen on the shoulders of the Mental Health Staff. A popular event of the year was the bus outing to Buxton in Derbyshire during August. One of the Mental Welfare Officers attends the club on a weekly rota basis. The need is now beginning to arise for premises other than those of the Junior Training Centre being used at present, for there is no space available for the storing of equipment acquired by the club or room to carry on all the various activities of the club.

St. Hugh's Hostel

Warden: MR. J. H. GEERLING *Matron:* MRS. L. GEERLING

At the beginning of the year, there were 16 residents in the Hostel, 15 of them being classified as subnormal and 1 as mentally ill. In the course of the year, 10 men of different age groups were admitted to the hostel from:

St. John's Hospital	..	..	..	..	4
Private Lodgings	..	..	..	..	2
Home	..	..	..	..	2
Old People's Home	..	..	..	..	2

During the year there were 8 discharges; 7 going to private lodgings and one being admitted to Harmston Hall Hospital. At the end of the year there were 18 residents, 12 classified as subnormal and 6 as mentally ill. 15 of the residents attend the Adult Training Centre and 3 go out to work and are wage earning. The combination of subnormal and mentally ill residents works satisfactorily.

The Warden and Matron took the residents of the hostel for their annual holiday to Mablethorpe. One group of 9 went for a week in July and the remainder went for the last week of August. The holidays were spent in the three Chalets owned by the Society for Mentally Handicapped Children. The residents who attend the Adult Training Centre made several day trips during their holiday from the Centre, which broke the monotony of having nothing to do during this period.

Considerable support for the residents' recreation and entertainment was given by the Society for Mentally Handicapped Children by presenting the hostel with much needed equipment including a billiard table, tape recorder, record player, etc.

There were certain staff changes during 1967 and at the end of the year the following staff were employed:

Warden (Resident).
 Matron (Resident).
 Deputy Matron (Non-resident).
 Deputy Warden (Non-resident, part-time).
 Two domestics.

Junior Training Centre — 'Beaumont House'

Supervisor: MRS. B. SEARLE

The 'Beaumont House' Junior Training Centre caters for children under the age of 16 years and the following table gives the number on the register at the beginning and end of the year:

	<i>Lincoln</i>	<i>Kesteven</i>
No. on register on 1st January, 1967	34	8
No. on register on 31st December, 1967 ..	35	7

The 'Special Care Unit' which is an extension of the Junior Training Centre caters for severely subnormal children. The Unit opened on 9th January and 5 children were admitted (4 from Lincoln and 1 from Kesteven). At the end of the year 9 children were attending, 8 from Lincoln and 1 from Kesteven.

Children attending the Training Centre are conveyed to and from the Centre by two special buses and the children attending the Special Care Unit are conveyed by an ambulance which has been converted in order to carry the special wheel chairs which most of the children require.

Staff

The staff of the Centre consists of:

Supervisor.
 Deputy Supervisor.
 3 Assistant Supervisors.
 2 State Registered Nurses (part-time) (Special Care Unit).

Miss S. A. Wadsley and Miss J. Pickwell commenced their two-year Training Course at Nottingham College of Technology in September and

Mrs. W. J. Dawson was appointed as a replacement commencing duties on 7th September, 1967. Mrs. I. M. Jeffrey replaced Mrs. F. M. Heath who left in March, 1967.

Special Activities and Visitors

An Open Day was held at the Centre on 7th June during Mental Health Week.

On 15th June, the annual day's outing to Mablethorpe was held.

On 6th December, the children gave a Christmas Concert which was attended by the Mayor and Mayoress and the City Sheriff's Lady, and on 19th December a Christmas Party was held prior to breaking up for the holiday.

Adult Training Centre, Long Leys Road

Manager: MR. J. RUSHFORTH

Progress and Activities

The main activities at the Centre consisted of the following:

- Contract work.
- Making of all types of articles for sale.
- Car washing.
- Firewood cutting for bundles and packs.
- Social education.
- Physical education.
- Gardening and sale of produce.

Contract Work during 1967

The amount of work made available to the Centre by Wragby Plastics Ltd. was reduced sharply in 1967 due to shortage of orders for this firm's products and in order to make good this loss of work, other firms, local and in other areas, were approached for work with no immediate result. Though sympathetic, it appeared that all the firms contacted were also going through a difficult period and were keeping such work as was available within the confines of their establishments. Many other firms approached were already supplying mental hospitals and training centres with outwork and had nothing to spare.

Making of Articles for Sale

Because of the situation reported above, the making and selling of articles in the Centre became more important and a greater reliance was placed on this activity to keep the trainees employed. A diverse number of articles were made and the number of trainees using power tools increased, which required very close supervision on the part of the staff.

A display window sited in the High Street was used for two periods during the year and the articles displayed excited considerable interest and brought in a great many orders which kept the trainees and staff working to full capacity.

A bandsaw was bought which proved a great asset and allowed a greater amount of work to be completed with more accuracy and at less cost.

Deliveries were facilitated by the purchase of a 17cwt. Van which was much needed and which is proving its worth.

The net total earnings during the year from articles manufactured and sold to the general public, departmental stores and hospitals was £2,003 1s. 4d. an improvement of £1,050 16s. 9d. Sales of manufactured articles to Corporation Departments totalled £282 6s. 2d.

Social and Physical Education

Each trainee received periods of social and physical education and each instructor was responsible for a group of trainees. Progress was charted and recorded in the case of each trainee and improvement in the individual was marked on the progress assessment chart.

Part of the 'Flat' at the Centre was equipped as a classroom and reading room and the Public Library Loan Service provided books of all descriptions. Trainees were encouraged to borrow these books and a daily newspaper was also made available to them.

Gardening

Full use was made of the grounds and the greenhouse to grow flowers, plants and vegetables, both for use in the Centre's Kitchen and for sale to the public. Trainees took a full part in this activity and appeared to enjoy their work.

The net earnings from this activity were £110 9s. 6d.

Trainees' Payments

Payments to trainees in the form of attendance payment and incentive bonus amounted to £1,273 1s. 4d.

Remarks on other activities

Visits to the Centre by private individuals and by organised groups were frequent throughout the year and talks were given to parties of student nurses at their tutors' request on many of these occasions. A good working relationship was fostered with the local branch of the Ministry of Labour who sent officials to the Centre on every Thursday during the last six months to interview trainees as to their suitability for employment and in this way, employment was found for several trainees.

An Open Day was held on 30th June and the visitors showed a great interest in all the trainees' activities.

Admissions and Discharges

The number of trainees entered on the register at the beginning of the year was 62, and at the end of the year, 77 as follows:

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Lindsey</i>	<i>Holland</i>	<i>Total</i>
Number on register on 1st					
January, 1967	59	1	1	1	62
Admitted during year ..	32	4	1	—	37
Discharged during year ..	20	—	1	1	22
Number on register on 31st					
December, 1967	71	5	1	—	77

Reason for Admission

Transferred from Junior Training Centre	..	..	2
Request of Mental Welfare Officer	..	..	4
Lost employment or unemployed	..	..	7
Request of Welfare Officer or Health Visitor	..		1
Discharged from hospital	..	..	14
Request of parent or guardian	..	..	5
Request of other authorities	..	..	4

Reason for Discharge

Left for employment	..	..	..	7
Unco-operative or unsuitable	..	..	..	1
Left the district	..	..	..	3
Entered hospital	..	..	..	6
Request of parent	..	..	..	1
Own accord	..	..	..	1
Request of Mental Welfare Officer	..	..	..	3

Transport

Two Corporation buses transport the trainees to and from the Centre daily. Three trainees are conveyed by the Ambulance Service and five trainees from the Kesteven area use a taxi.

Staff

The staff of the Centre consists of:

Manager.

5 Instructors (2 female and 3 male).

Clerk.

Cook.

Kitchen Assistant.

Caretaker.

CONTROL OF INFECTIOUS DISEASES**Notifiable Infectious Diseases**

Notification to the Local Health Authority of certain of the infectious diseases is an important statutory duty required of all doctors practising within the Authority's area.

It is the first step in the control of the various infectious diseases and makes possible the compilation of local and national statistics.

The following table shows the incidence of the Notifiable Infectious

Diseases during the last 5 years in Lincoln:

<i>Disease</i>	1963	1964	1965	1966	1967
Diphtheria	—	—	—	—	—
Scarlet Fever	16	33	69	19	12
Erysipelas	6	3	2	—	—
Puerperal Pyrexia	2	3	2	—	—
Ophthalmia Neonatorum ..	—	1	—	—	—
Chickenpox	780	141	—	—	—
Measles	1218	1049	461	758	262
Whooping Cough	6	129	2	1	38
Typhoid Fever	—	—	—	—	—
Para-Typhoid Fever ..	—	—	1	—	—
Dysentery	22	2	79	33	31
Food Poisoning	11	10	2	1	1
Pneumonia	6	6	—	2	1
Meningococcal Infection ..	—	—	—	—	—
Acute Poliomyelitis:					
Paralytic	—	—	—	—	—
Non-Paralytic	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—
Malaria	—	—	—	—	—
Smallpox	—	—	—	—	—
Tuberculosis:					
Pulmonary	20	23	18	11	9
Non-Pulmonary	3	1	4	2	2

Diphtheria

No case of Diphtheria occurred in the City during 1967, the last notification being in 1950.

Scarlet Fever

12 cases of Scarlet Fever were notified during the year. All notified cases were visited by a Public Health Inspector as a matter of routine, but in recent years the disease has been very mild in character and is now little more than a nuisance. All except three of the notified cases were school children, but in no case was it necessary to exclude a child from school for more than two weeks.

Measles

262 cases of Measles were notified during 1967 compared with 758 cases in the previous year. The numbers of notifications received increased considerably during the latter half of the year and the indications point to a fairly heavy Measles epidemic in 1968.

Vaccination against Measles is not yet generally available, but is expected to become so in the near future.

Whooping Cough

38 cases of Whooping Cough were notified in 1967, a sharp upward trend after only one case in 1966 and two cases in 1965. The following table shows

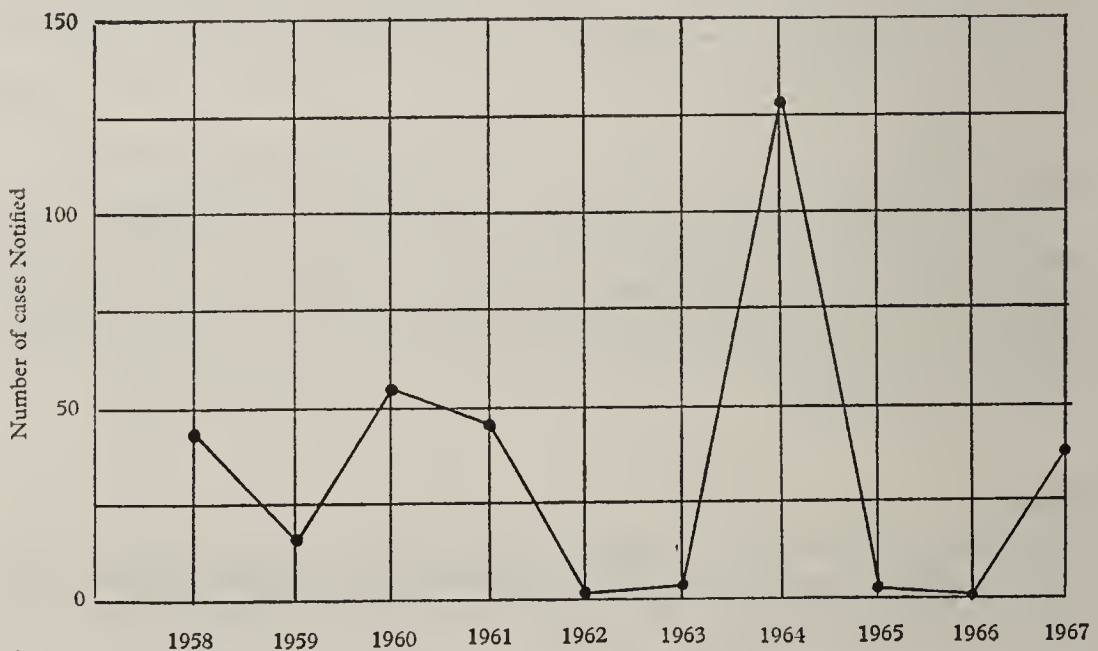
the age group and immunisation state of the 38 notified cases.

<i>Age Group</i>	<i>Total No. Notified</i>	<i>Not Immunised</i>	<i>3 Injections</i>	<i>Full Course of 4 Injections</i>
Under 1 year	5	5	—	—
1 to 2 years	3	3	—	—
2 to 3 years	4	1	2	1
3 to 4 years	5	3	—	2
4 to 5 years	1	1	—	—
5 to 9 years	17	13	2	2
10 to 14 years	2	1	1	—
15 to 24 years	1	1	—	—
TOTALS	38	28	5	5

The numbers involved are too small to enable any conclusions to be drawn, but as in previous years, it is obvious that children who have not been immunised are far more vulnerable to the disease than those children who have had a full course of 4 injections and that when the latter do contract Whooping Cough it usually is so mild as to be difficult to diagnose.

The following graph shows the incidence of Whooping Cough in Lincoln during the past ten years:—

INCIDENCE OF WHOOPING COUGH IN LINCOLN
DURING THE PAST 10 YEARS



Dysentery

31 cases of Dysentery were notified during the year and all of these occurred in the last three months of the year. It is known from Public Health Laboratory reports that there were at least 55 positive cases during this time. A number of school children were affected, mostly in the St. Giles and Harts-holme areas, but, unlike the outbreak in 1965/66, most cases responded

readily to treatment and in only a few cases was it necessary to exclude children from school for more than one week.

With past experience in mind a close watch was kept on children attending the Day Nursery and faecal specimens were obtained from any child exhibiting the slightest symptoms of Dysentery. During December, ten children and two members of the Staff became infected, and, in addition to the Christmas holiday, the Nursery was closed on 27th, 28th and 29th December in order to allow the Staff thoroughly to cleanse and disinfect the premises. Children were not readmitted until proved free from infection.

Outbreaks of Dysentery in establishments such as the Day Nursery can spread with alarming rapidity in spite of the most stringent precautions being taken and the Matron and Staff of the Nursery are constantly on the alert for any sign of infection so that the appropriate measures of control can be taken immediately.

Food Poisoning

Only one case of Food Poisoning was notified. The patient was a man aged 61 years and the infecting organism was *S. anatum*. The source of infection could not be traced.

Pneumonia

One case of Pneumonia was notified, a 61 year old man.

Poliomyelitis

No case of Poliomyelitis was notified during 1967 and this was the seventh successive year in which no case has occurred in Lincoln. However, a boy aged 15 years was admitted to hospital with Encephalitis which virus studies later showed was due to Poliomyelitis Type II Virus.

Acute Rheumatism Regulations 1953 to 1959

The Acute Rheumatism Regulations 1953, provided for the notification of Acute Rheumatism in persons under the age of 16 years residing in specified parts of England, including the County Borough of Lincoln.

The Acute Rheumatism (Amendment) Regulations 1959 extend the operation of the 1953 Regulations for an indefinite period.

No case of Acute Rheumatism was notified during 1967.

Notifications during the past ten years were as follows:

1958	..	..	..	2
1959	..	..	..	1
1960	..	..	..	—
1961	..	..	..	1
1962	..	..	..	1
1963	..	..	..	1
1964	..	..	..	2
1965	..	..	..	—
1966	..	..	..	—
1967	..	..	..	—

TUBERCULOSIS

Notifications

The number of notifications received during the year was 11 (9 pulmonary and 2 non-pulmonary) as compared with 13 (11 pulmonary and 2 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:

				0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY										
Males	—	—	1	2	2	2	7
Females	—	1	—	—	—	1	2
				—	1	1	2	2	3	9
MENINGES AND C.N.S.										
Males	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—
				—	—	—	—	—	—	—
OTHER FORMS										
Males	—	—	—	1	—	—	1
Females	—	—	—	1	—	—	1
				—	—	—	2	—	—	2

The table below shows that the incidence of Tuberculosis has been decreasing steadily for many years and, in fact, the number of notifications received during 1967 was the lowest recorded. Only eleven new cases were notified in 1967 and only three persons died from the disease. It would seem reasonable to forecast the total disappearance of this disease in the foreseeable future.

Deaths from Tuberculosis

Three deaths occurred during 1967 due to Pulmonary Tuberculosis; two males aged 59 and 73 years and a female aged 66 years.

Summary of Notifications and Deaths over last 10 years

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Notifications ...	53	52	39	38	47	23	24	22	13	11
Deaths ...	5	8	3	3	6	4	4	4	2	3

VENEREAL DISEASES

The Venereal Diseases clinic is held at the County Hospital, Lincoln.

During 1967, 118 Lincoln patients attended for the first time. Of these 39 proved to be suffering from Venereal Disease and 79 from Non-Venereal conditions.

The number of new cases of Venereal Disease amongst patients domiciled in the City who came under treatment for the first time during the last five years was:

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Total</i>
1963	1	18	19
1964	1	27	28
1965	1	23	24
1966	5	18	23
1967	1	38	39

I feel it is important to give separate figures for the sexes and for the year 1967, these were as follows:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	—	1	1
Gonorrhoea	25	13	38

The number of cases of Gonorrhoea (38) is the highest in Lincoln since 1947 when there were 57 cases.

No contact tracing was undertaken by the Health Department staff.

WATER

I am indebted to Mr. R. Douse, Engineer and Manager, Lincoln and District Water Board for the following brief report on the City's water supply:

"Weekly bacteriological examination of water samples have been taken and all have maintained their usual high standard.

Periodical chemical examination of water shows very little variation from those submitted in recent years.

At the request of the Ministry of Housing and Local Government samples of water were submitted for analysis to determine the lead content in drinking water.

Chlorination of the water supply has been maintained during the year as a prophylactic measure and further treatment of the water supply has not been found necessary."

A sample of water submitted from a house in Lincoln in November showed the lead content to be 0.13, which is an acceptable level. It is estimated that 70% of the houses in Lincoln have lead service pipes.

Details of the natural occurring Fluoride content in Lincoln water supply are given below:

<i>Date of Analysis</i>	<i>Fluoride as Fluorine parts per million</i>
February, 1967	0.04
April, 1967	0.08
August, 1967	0.05
November, 1967	0.05

REGISTRATION OF NURSING HOMES

Homes first registered during the year ..	—
Homes whose registrations were withdrawn ..	—
Homes on the register at end of year	3
Number of beds provided	
Maternity	7
Others	35

One of the Homes included in the table above is a Maternity Home for Unmarried Mothers and is registered for 7 maternity beds, with total accommodation providing for upwards of 20 girls at any one time.

The Conduct of Nursing Homes Regulations, 1963, came into operation in August, 1963 and under these Regulations, three Homes in Lincoln are registerable, viz:

Eastholme Nursing Home, 75 South Park.

Plevnor Nursing Home, 8 The Avenue.

Quarry Maternity Home for Unmarried Mothers, Wragby Road.

SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

Action was taken under the provisions of Section 47 of the National Assistance Act to remove an elderly woman from her home to one of the Local Authority Old People's Homes. This woman, aged 90, was not without means, but was living in filthy conditions, there was no heating in the house although it was mid-winter, there was no food and she had refused all assistance. All efforts to persuade her to have help were of no avail and finally it was considered necessary to take action and remove her to an Old People's Home. After a short period, she was eating well and was receiving care and attention which she had lacked for many months.

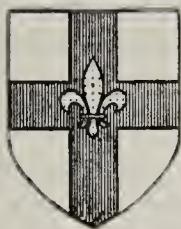
There is always a certain amount of reluctance in applying for an Order for removal of an elderly person from his/her home surroundings. However, experience has shown that almost invariably the persons removed quickly settle down in their new environment and are, in fact, appreciative of the action taken. Rarely is it necessary to renew the Order.

HOUSING

The total number of houses erected in the City was:

		1967	1966
		<hr/>	<hr/>
(a) By the Local Authority	..	150	282
(b) By private enterprise	..	54	28
		<hr/>	<hr/>
Total	..	204	310
		<hr/>	<hr/>

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1967

BY

J. JONES, M.R.S.H., M.A.P.H.I.
Chief Public Health Inspector

The Right Worshipful the Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

August, 1968.

Mr. Mayor, Aldermen and Councillors,

I have pleasure in presenting the report on the work of the Public Health Inspectors during the year 1967.

There were three staff changes. Mr. D. Drakes left early in the year on his appointment as Chief Public Health Inspector to the Welton R.D.C. and Mr. P. Cobbett qualified as a public health inspector and was appointed to fill one of the vacancies; whilst the other was filled by an authorised meat inspector, Mr. A. Clayton, an appointment which has taken some of the burden of meat inspection from the shoulders of the district inspectors and should enable them to devote more time to other duties.

At the beginning of the year, a district inspector, Mr. P. D. Arrowsmith, was seconded for six weeks to the Ministry of Housing and Local Government to assist in a national survey of unfit housing. This survey which was carried out by a team of public health inspectors from various local authorities, collected factual information on the state of housing in England and Wales, and as indicated in a recent white paper, will form the basis for future government policy on slum clearance and house improvement.

The clearance of sub-standard housing has continued, 176 houses being represented — mostly in clearance areas, and Ministry confirmation being received in respect of 267 houses in ten areas. This rate of clearance is geared to the size of our problem in Lincoln, and to the resources available for rehousing, and does represent a steady if not spectacular rate of progress. As mentioned in the main body of the report, steady progress also has been maintained in work under the Offices and Shops Act, virtually all the registered premises now recorded having had a full and detailed inspection. Unfortunately, I am once again unable to report progress in the field of smoke control. The number of houses under smoke control continues to rise, but only because of building in the existing area. As has happened so often in the past, the recommendation of the Health Committee to extend smoke control to other areas was rejected by the Council. However, in November an offer by the National Coal Board to conduct a survey of fuel burning installations in the Hartsholme area was accepted by the Health Committee, and on the basis of the figures obtained the matter was again under active consideration when the year ended, and perhaps we can hope for more progress in 1968.

At the Lincolnshire Show in June, the Lincolnshire Branch of the Association of Public Health Inspectors had an exhibition devoted to the work of the Public Health Inspector, and while this was a joint effort by the Branch as a whole, it is worthy of a mention in this report, not only because of the amount of work done by your own staff, but also because of the financial support that you gave. A large marquee was taken, and the themes of exhibition stands were clean air, clean food, clearance, repair and improvement of houses, rodent and pest control and work under the Offices and Shops Act. Altogether it was a very good effort by all concerned, and I hope the many people who visited it found it both interesting and instructive.

On the subject of health education, in addition to the lectures for food handlers mentioned in the main body of the report, talks on general environ-

mental health subjects were given by public health inspectors to quite a number of organisations both within and outside of the City. I regard these as a most valuable part of our work, not only as a means of spreading information on health matters, but also as an exercise in public relations. There is a lot of talk at present about local government being remote and out of touch with the people it is intended to serve, and I feel that things like exhibitions and talks do contribute — if only in a small way — to breaking that down.

Finally, I would like to pay tribute to the loyal help I have had from the members of the Public Health Inspectors' section, and for the co-operation I have received from the staffs of the Health Department and other Corporation Departments.

I would also like to thank the Medical Officer of Health, the Chairman and members of the Health Committee and Housing Committee for the support they have given to myself and to the Public Health Inspectors.

J. JONES,
Chief Public Health Inspector.

PUBLIC HEALTH INSPECTION OF THE AREA

The Public Health Inspectors section of the Health Department is responsible for the administration of certain parts of the various Public Health and Housing Acts and the following other Acts and Regulations made thereunder:

Agricultural Produce (Grading and Marking) Act, 1928.
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956
 Caravan Sites and Control of Development Act, 1960
 Clean Air Act, 1956
 Factories Act, 1961
 Fertilisers and Feeding Stuffs Act, 1926
 Food and Drugs Act, 1955
 Merchandise Marks Acts, 1887 to 1953
 Noise Abatement Act, 1960
 Offices, Shops and Railway Premises Act, 1963.
 Pet Animals Act, 1951
 Prevention of Damage by Pests Act, 1949
 Rag Flock and Other Filling Materials Act, 1951
 Rent Act, 1957
 Shops Act, 1950
 Slaughterhouses Act, 1958
 Slaughter of Animals Act, 1958

General Inspections

No. of visits

DWELLINGHOUSES AND PUBLIC HEALTH MATTERS

Re defects, nuisances, etc.	..	..	..	..	..	1036
Disinfections carried out	..	..	..	..	..	5
Housing Act, 1957 — inspections	..	..	..	..	..	1649
Disinfestation	..	..	..	..	..	374
Treatments carried out	..	..	..	..	..	181
Water Supply	..	..	..	..	..	20
References to Water Board	..	..	..	..	..	12
Improvement Grants	..	..	..	..	..	111
Dangerous structures, references to City Engineer	..	..	..	..	..	9
Rent Act	..	..	..	..	..	10
Infectious diseases — enquiries	..	..	..	..	..	424
— re specimens	..	..	..	..	..	365
Dustbins	..	..	..	..	..	61
Houses in multiple occupation	..	..	..	..	..	6
Overcrowding	..	..	..	..	..	4
Accumulations	..	..	..	..	..	117

DRAINAGE

No. of visits	..	..	..	..	..	909
No. of drains tested	..	..	..	..	..	64
No. of drains cleared	..	..	..	..	..	190
References to City Engineer	..	..	..	..	..	119

OTHER PREMISES

Factories — Mechanical	..	..	..	..	..	92
Non-Mechanical	..	..	..	..	..	2
Building and Engineering works	..	..	..	..	..	5

No. of visits

Caravan sites	18
Moveable dwellings	3
Hairdressers	30
Interviews	762
Offensive trades	2
Offices, Shops and Railway Premises Act	563
Pet animal shops	11
Plots of waste land	111
Rodents and other pests	78
Public conveniences	12
Schools	11
Swimming Baths	145
Swine, fowls and other animals	32
Places of public entertainment	5
Unclassified	850

ATMOSPHERIC POLLUTION

No. of observations	54
Visits to boiler houses	5
Visits to atmospheric pollution stations	920
Other visits	54

SMOKE CONTROL AREAS

Survey visits	2
Contravention visits	66

MISCELLANEOUS

Gas —	3
„ — references to Gas Board	2
Noise abatement	19

UNFIT DWELLINGHOUSES

No. of dwellinghouses inspected under Sections 17 or 42 of the Housing Act, 1957	946
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	176
No. of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	93

REMEDY OF DEFECTS

No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority	54
---	----

Works carried out by service of Statutory or Informal Notice

HOUSES

Repairs to:

Roofs	44
Spouts	38
External walls	8
Chimneys	9

Internal wall and ceiling plaster	..	..	..	..	37
Damp walls	..	..	..	..	19
Doors	..	..	..	..	5
Windows	..	..	..	..	24
Floors	..	..	..	..	19
Fireplaces	..	..	..	..	1
Sinks and wastepipes	..	..	..	..	3
Yard or passage paving	..	..	..	..	1

DRAINAGE

No. of drains tested	..	..	..	..	..	64
No. of drains cleared	..	..	..	..	..	190

WATERCLOSETS

Repaired	12
----------	----	----	----	----	----	----	----

Offensive Trades

The following offensive trades were carried on in the City with the consent of the Council:

Rag and Bone Dealer	..	..	..	..	..	..	1
Tripe Boiler	..	..	..	..	..	..	1

The trades were carried on in conformity with the byelaws.

Provision of Dustbins to Private Premises

Since 1953 the Council have operated Section 75(3) of the Public Health Act, 1936 whereby they undertake to provide and maintain dustbins for the reception of house refuse at an annual charge not exceeding 7/6 in respect of each dustbin provided and recovered as part of the general rate in respect of the premises for which the dustbin has been provided.

During the year 35 dustbins were provided and 69 were renewed.

In all 2,856 premises have now been provided with dustbins by the Council.

Housing Act, 1957 and Public Health Acts**INFORMAL AND STATUTORY NOTICES SERVED**

Informal Notices outstanding December, 1966	..	..	51
Informal Notices served 1967	..	..	91
Informal Notices complied with 1967	..	..	86
Informal Notices outstanding December, 1967	..	..	56
Statutory Notices outstanding December, 1966	..	..	12
Statutory Notices served 1967	..	..	15
Statutory Notices complied with 1967	..	..	21
Statutory Notices outstanding December, 1967	..	..	6
No. of complaints received and recorded at the Health Department	..	..	577

Local Land Charges

1,442 enquiries were received from the Town Clerk's Department in connection with requisition for a search under the Land Charges Act, 1925.

Clearance Areas, Demolition and/or Closing Orders

No. of demolition orders made	6
No. of closing orders made	9
No. of buildings closed	3
No. of houses included in Clearance Areas demolished ..	141
No. of houses represented in Clearance Areas	158
No. of Clearance Areas represented	3

Rent Act, 1957

The Housing Committee considered one application for a certificate of disrepair which was granted.

No applications for cancellation of certificates were received.

Action under Statutory Powers

Housing Act — No. of dwellinghouses in respect of which notices were served requiring repairs	8
No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners	9
(b) by local authority	9
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied	12
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners	4
(b) by local authority	1

Fertilisers and Feeding Stuffs Act, 1926

Twenty-one samples were taken under the provisions of the above Act. They consisted of eight formal and eight informal samples of Fertilisers and five formal samples of Feeding Stuffs. The composition of one sample of fertiliser was found to vary considerably from the declared analysis. Investigation showed that the fertiliser had been placed in a wrongly labelled bag. Stocks of the offending material were withdrawn.

Agricultural Produce (Grading and Marking) Act, 1928

Appropriate steps were taken to acquaint shopkeepers and market traders with the requirements of the above Act during visits to their premises.

Merchandise Marks Acts 1887 to 1953

Checks for contraventions of the above Acts are made on shopkeepers and stallholders periodically. During the year 3,217 visits were made and 40 verbal warnings given, chiefly about failure to mark tomatoes correctly.

Rag Flock and Other Filling Materials Act, 1951

Five premises are registered under the above Act.

Five samples of filling materials were submitted for examination during the year. One sample of layered flock had a high chloride content and one of cotton felt failed to comply with the above Regulations on the dust index. In both cases stocks of the materials were withdrawn and returned to the manufacturers for processing.

Pet Animals Act, 1951

During the year six pet animal shops were licensed after an inspection in each case to see that the premises complied with the Act, and further routine inspections were carried out in the course of the year.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956

No action was found necessary during the year.

Caravan Sites and Control of Development Act, 1960

Routine inspections of the only licensed site in the City were carried out during the year. This site is registered for 30 caravans and conditions on inspection were found to be satisfactory.

Canal Boats

There is no change in the number of canal boats on the register and conditions on inspection were found to be satisfactory.

Swimming Baths

The four swimming baths attached to schools and the open air public bath have been visited regularly while in use. On these occasions samples are taken for bacterial examination and the water is tested for the presence of free chlorine.

At the moment only the school bath at South Park High School is covered but the proposal to enclose the one at Westgate School will help to fulfil the need for an all-the-year-round pool in this part of the City. Westgate School bath was again very popular during the school summer holidays as was the one at Skellingthorpe Junior School, where the parents of children provided the necessary supervision to enable the bath to be used.

A total of 230 samples of swimming bath water, compared with 232 for 1966, were submitted to the Public Health Laboratory for bacterial examination. Two samples from South Park High School had high counts, but there was no evidence of faecal pollution. One sample from Skellingthorpe Road Junior School was 'fairly satisfactory'. The remainder were satisfactory.

Shops Act, 1950

Two prosecutions were taken under Section 47 (shop open for the service of customers on Sunday). In both cases the proprietors were convicted and fined £2 10s. 0d.

These prosecutions involved the department in considerable hostile publicity from the local press, much of the comment owing considerably more to the imagination of the reporters concerned than to the facts of the case. However, this comment, hysterical in tone though a lot of it was, only serves to emphasise the unpopularity and absurdities of this Act which now so bristles with anomalies that it has become unfair to all concerned — not least to those who are charged with the duty of administering it. Unfortunately until Parliament decides to amend or repeal it, it is still the law of the land, and whilst it may be possible to turn a blind eye to some of its aspects, if — as in the cases taken to court this year — complaints are made to this department, and the offenders, after due warning, refuse to comply with the law, the Council has no alternative but to prosecute.

The Offices, Shops and Railway Premises Act, 1963

Responsibility for the enforcement of the Act is divided between the Local Authority and Her Majesty's Inspector of Factories. The Local Authority deals with shops and offices other than those situated in the curtilage of factories and those in the occupation of local authorities or the Crown.

By the end of the year there was a total of 1,023 premises on the Council's register. This represents an increase of 78 over the previous year. 122 premises received a general inspection making a total of 1,019 since the Act came into force in August, 1964. It can thus be seen that virtually all the registered

premises have now been subject to a full and detailed inspection. Altogether 563 visits were paid to registered premises during the year.

Employers have continued to co-operate in complying with our requests and enquiry revealed that a further 130 occupiers had fully complied with the provisions of the Act. At the end of the year only 62 premises were known to fall short in some respects of the requirements laid down by the Act, and the question of bringing these up to standard is being actively pursued.

It may be of interest to list the main types of contravention found by numbers of premises.

Unsatisfactory sanitary accommodation	..	..	..	..	34
Unsatisfactory washing facilities	..	..	..	..	14
Lack of first aid equipment	..	..	..	..	10
Potentially dangerous floors, passages and stairs	..	..	..	..	33
Lack of cleanliness	..	..	..	..	16
Inadequate heating	..	..	..	..	18
Inadequate lighting	..	..	..	..	9
Inadequate Ventilation	..	..	..	..	5
Potentially dangerous machinery	..	..	..	..	2
Absence of satisfactory clothing accommodation	..	..	..	..	2

Twenty-six accidents were notified during the year, this is 6 more than previous years. In no instance was the accident found to be the result of any contravention of the safety provisions of the Act. Most of the accidents are of a minor nature, but in as many instances as possible an inspector visits the premises, interviews the injured person and offers appropriate advice to prevent a recurrence.

It is perhaps worth noting that employees in the food trade seem to be particularly prone to accidents due to slipping on wet or greasy floors which emphasises the need to wear suitable footwear. Nationally a large number of accidents are due to lifting and carrying goods and the Department in co-operation with the Association of Public Health Inspectors mounted an exhibition at the County Agricultural Show showing safe methods of lifting.

Clean Air Act, 1956

Measurements of smoke and sulphur dioxide continued to be made with the five volumetric instruments and the results sent each month to the Ministry of Technology. The figures are set out below and would seem to show a slight increase over the previous year, but as climatic conditions can to some extent affect these figures, I would not regard this increase as of great significance. What is certain however, is that there is no reduction, and as it is now considered that about 75% of air pollution is caused by the domestic chimney, we can perhaps not hope for reduction in pollution in the future until a more vigorous smoke control policy is adopted by the Corporation.

The existing smoke control area at Birchwood continues to function well. There was only one case during the year when an individual was found to be contravening the order by burning bituminous coal. This person had moved into the area fairly recently and claimed to be unaware that it was subjected to smoke control. A warning letter was sent, and as the offence was not repeated, it was not thought necessary to resort to legal proceedings.

The number of houses under smoke control continues to increase as building continues in the Birchwood area, and is now well over 1,000.

The question of making the Hartsholme area smoke controlled was considered, a resolution to do so was passed by the Health Committee, but rejected by the Council. As the original survey on the Hartsholme and Swanpool Estates was now four years old, an offer from the National Coal Board to do a new survey was accepted by the Health Committee and this was completed towards the end of the year. I estimate that had this survey had to be done by the Corporation staff, the cost in time would have been in the region of £500. At the end of the year the Health Committee were considering estimates to make these areas smoke controlled, based on the figures supplied by the National Coal Board, and it is probable that a further attempt will be made to get the Council to accept these.

Industrial Smoke

Most boiler plants and fuel burning appliances in the City are well maintained and operated. Apart from the odd case which inevitably occurs from time to time, industrial pollution is not a great problem to the department, and co-operation from industry is generally very good.

Details of 19 new installations were notified and prior approval was given in 13 cases by the Health Committee.

Nineteen chimney heights were notified and approved, in 1 case after modification of the original proposals.

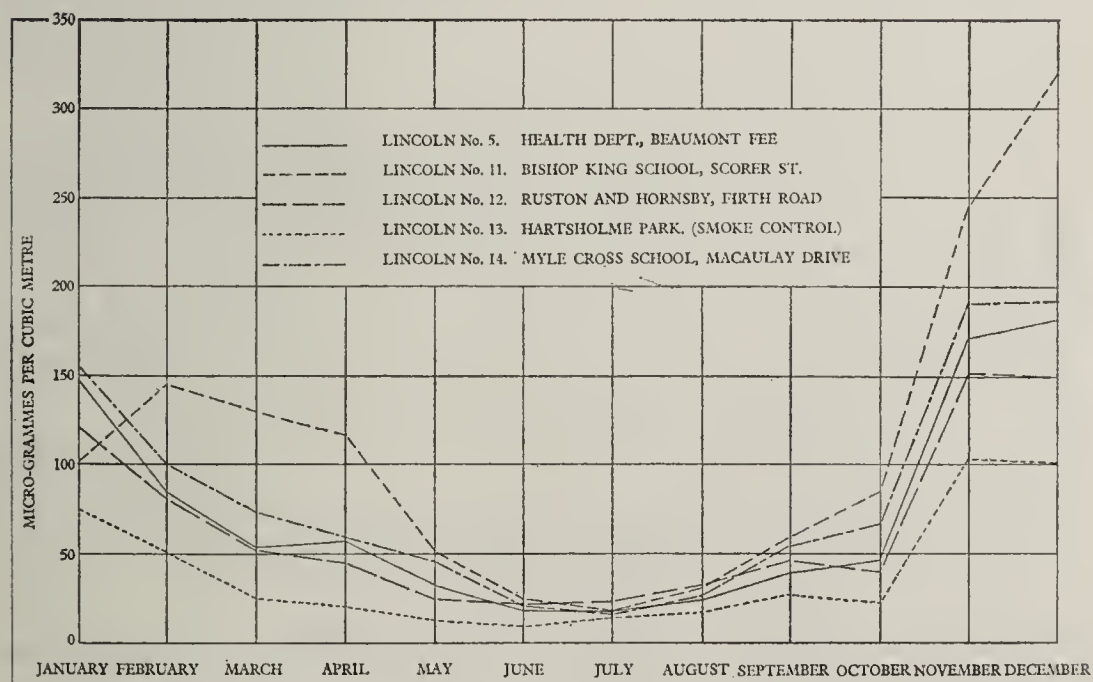
SMOKE CONCENTRATION

Microgrammes per cubic metre

Smoke Concentration, 1967

Month			Station Number				
			5	11	12	13	14
January	..	..	147	101	120	75	155
February	..	..	83	145	81	51	100
March	..	..	53	129	52	25	73
April	..	..	58	117	45	20	59
May	..	..	30	51	25	13	46
June	..	..	17	25	22	10	21
July	..	..	17	17	23	14	16
August	..	..	23	31	22	17	26
September	..	..	39	60	46	27	55
October	..	..	47	85	40	23	67
November	..	..	172	244	152	103	191
December	..	..	181	319	150	100	192

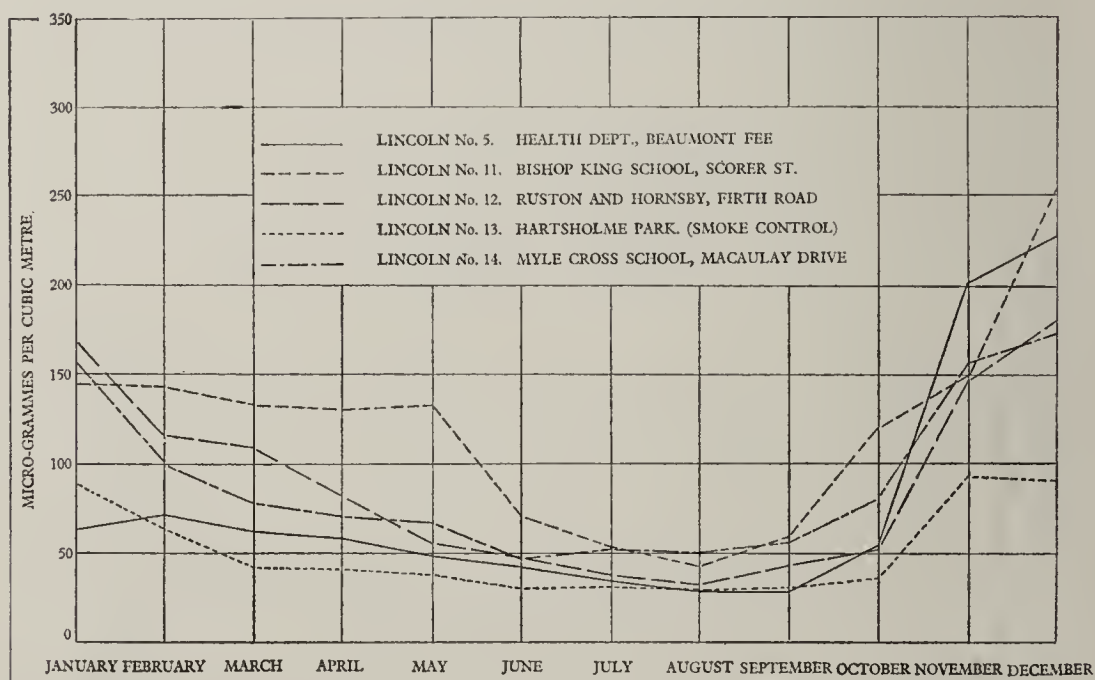
SMOKE POLLUTION RESULTS SHOWING MONTHLY CONCENTRATIONS



SO₂ CONCENTRATION*Microgrammes per cubic metre*

<i>Month</i>				<i>Station Number</i>				
				5	11	12	13	14
January	..	..		63	144	167	88	157
February	..	..		71	143	116	63	102
March	..	..		62	133	110	42	78
April	..	..		59	131	83	41	70
May	..	..	..	48	133	56	37	67
June	..	..	..	42	71	48	30	47
July	..	..	..	34	54	38	31	53
August	..	..		28	42	32	29	50
September	..	..		28	60	43	30	57
October	..	..		55	119	53	36	81
November	..	..		202	150	146	94	157
December	..	..		228	254	181	90	174

SULPHUR DIOXIDE RESULTS
SHOWING MONTHLY CONCENTRATIONS



FACTORIES ACT, 1961

Part I of the Act

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspec- tions</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	14	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	268	92	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	9	5	—	—
TOTAL	291	99	3	—

CASES IN WHICH DEFECTS WERE FOUND:

<i>Particulars</i>	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prose- cutions were instituted</i>
	<i>Found</i>	<i>Reme- died</i>	<i>Referred to H.M In- spectors</i>	<i>by H.M In- spectors</i>	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
Insufficient	—	—	—	—	—
Unsuitable or defective	6	14	—	—	—
Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	7	14	—	—	—

Part VIII of the Act—(Sections 110 and 111)

OUTWORK:

<i>Nature of Work</i>	<i>No. of out- workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in send- ing lists to the Council</i>	<i>No. of prose- cutions for failure to supply lists</i>	<i>No. of instances of work in unwhole- some premises</i>	<i>Notices served</i>	<i>Prose- cutions</i>
Wearing Apparel Making, etc.	9	—	—	—	—	—
Curtains & Furniture Hangings	2	—	—	—	—	—

Prevention of damage by Pests Act, 1949

Properties other than Sewers	Type of Property	
	<i>Non</i>	<i>Agricultural</i>
	<i>Agricultural</i>	<i>Agricultural</i>
1. Number of properties in district ..	32,423	37
2. (a) Total number of properties (including nearby premises) inspected following notification	671	—
(b) Number infested by (i) Rats ..	547	—
(ii) Mice ..	53	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ..	6,042	—
(b) Number infested by (i) Rats ..	15	—
(ii) Mice ..	1	—

Sewers

4. Were any sewers infested by rats during the year? Yes

FOOD AND DRUGS ACT, 1955**Inspections of Food Premises**

Bakehouses	21
Bakers & Confectioners	27
Butchers	81
Cafes	87
Chemists	6
Dairies	180
Fish-Shops/Stalls	110
Fried Fish Shops	54
Food Factories	24
Grocers and General Provisions	250
Greengrocers	22
Ice Cream Shops	76
Hotel Kitchens	9
Licensed Premises	55
Markets	66
Meat Vans	142
Milk Shops	48
Mobile Shops	32
School Canteens	62
Factory Canteens	6
Poultry Processing	207
Snack Bars	133
Slaughterhouses — Public	845
Private	896
Social clubs	3
Stalls	1791
Sweet Shops	19
Wholesale warehouses	113
Food Inspections other than meat	37526

Food Poisoning

Food poisoning and suspected food poisoning investigations	30
Clinical specimens submitted for bacteriological examination	66

Food Hygiene Regulations, 1960

The number of food premises in the City by type of business is as follows:

Bakers and Pastrycooks	17
Confectioners	100
Butchers	74
Fishmongers	11
Fried Fish Shops	42
Chemists and Drug Stores	22
Cafes, Restaurants and Snack Bars	36
Public Houses	95
Hotels	12
Wine and Spirit Merchants	40
Greengrocers and Fruiterers	53
General Grocers	205

As a result of continued routine inspection of food premises in the City the following improvements were made:—

Food rooms cleaned and redecorated	20
Equipment cleaned or renewed	12
Protection of food from risk of contamination	6
Hot water provided	3
Sanitary accommodation cleansed and redecorated and defects remedied	4
Adequate ventilation	1
Sinks provided or renewed	9
Floor repairs	10
First aid equipment provided	10

Courses for food handlers are given by the public health inspectors at the Lincoln College of Technology. These consist of general instruction in clean and safe food handling, but the syllabus is so designed that students can, if they wish, take the examination in Food Hygiene and the Handling of Food of the Royal Institute of Public Health and Hygiene. Thirteen students attended a course in the Autumn, ten took the examination and eight obtained the certificate of the Institute. In addition short courses, talks and film shows have been given to personnel employed in food businesses, and to other interested organisations.

Food Samples

251 samples of food and drugs were procured and submitted to the Public Analyst who certified 238 samples genuine and 11 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 3.26.

The details of the samples procured and number adulterated or otherwise giving rise to irregularity and the administrative action taken are given below:

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Milk	2	133	133	2	135
Bread and Butter	—	1	—	1	1
Beef Sausage	1	16	15	2	17
Pork Sausage	1	19	17	3	20
Mixed Sausage	—	1	1	—	1
Buttacheese	—	1	1	—	1
Top of the Milk	—	1	1	—	1
Blackcurrant Jam	—	1	1	—	1
Malt Vinegar	—	1	1	—	1
Lemon Jelly	—	1	1	—	1
Cheese Spread	—	1	1	—	1
Margarine	—	1	1	—	1
Stewed Steak	—	3	2	1	3
Marzipan	—	2	2	—	2
Lard	—	1	1	—	1
Unsweetened Condensed Milk	—	1	1	—	1
Cream	—	2	1	1	2
Butter Mints	—	2	2	—	2
Lemon Flavour Pop	—	1	1	—	1
Orange Drink	—	1	1	—	1
Meat Pudding	—	5	4	1	5
Unsalted Normandy Butter ..	—	1	1	—	1
Brandy Flavouring	—	1	1	—	1
Salmon Spread with Butter ..	—	1	1	—	1
Frig. Ice Strawberry Flavour	—	1	1	—	1
Fried Rice	—	1	1	—	1
Beef Paste	—	2	2	—	2
Brown Ale	—	1	1	—	1
Pale Ale	—	1	1	—	1
Cheese	—	3	3	—	3
Fish Cakes	—	2	2	—	2
Potatoes	—	1	1	—	1
Danish Party Sausages	—	1	1	—	1
Steak and Kidney Pie	—	4	4	—	4
Minced Beef with Onion and	—	1	1	—	1
Gravy	—	1	1	—	1
Evaporated Milk	—	1	1	—	1
Tomatoes	—	1	1	—	1
Peas	—	1	1	—	1
Rice Pudding	—	1	1	—	1
Horseradish Relish	—	1	1	—	1
Curry Powder	—	1	1	—	1
White Pepper	—	1	1	—	1
Fruit Sauce	—	1	1	—	1
Desiccated Coconut	—	1	1	—	1
Lemon Curd	—	1	1	—	1

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Chicken in Jelly	3	1	2	3
Stewed Steak in Gravy	2	2	—	2
Minced Steak and Onion	1	1	—	1
Shandy	1	1	—	1
Crushed Pineapple	1	1	—	1
Butter	1	1	—	1
Fish Shaped Sweets	1	1	—	1
Mixed Boiled Sweets	1	1	—	1
Sugar Mice	1	1	—	1
Bubble Gum	1	1	—	1
Mixed Peel	1	1	—	1
Tinted Dragees	1	1	—	1
Chocolate Santa Claus	1	1	—	1
Whisky	2	2	—	2
Brandy	1	1	—	1
Gin	1	1	—	1
Rum	1	1	—	1
	9	242	238	13	251

Samples Adulterated or otherwise giving rise to irregularity

(a) Administrative Action Taken

The 13 samples adulterated or otherwise giving rise to irregularity were all taken informally.

(b) Legal Proceedings

No legal proceedings were taken.

(c) Informal Action

1. Beef Sausage. An informal sample was found to contain 28.4% of fat and 23.4% of fat free meat. The amount of fat in sausage should not exceed 50% of the total meat content. Sample thus contained an excess of fat. Further informal samples were found to be genuine. Warning given.
2. Pork Sausage. An informal sample was found to contain not more than 59% of meat and as pork sausage should contain not less than 65% of meat, the sample was thus deficient in meat to the extent of 9.2%. Warning letter sent to manufacturer. Subsequent informal sample genuine.
3. Pork Sausage. An informal sample was found to contain not more than 53.5% of meat and as pork sausage should contain not less than 65% of meat, the sample was thus deficient in meat to the extent of 17.6%. Warning letter sent to manufacturer. Subsequent informal sample genuine.
4. Bread and Butter. An informal sample consisted of approximately 2 parts of margarine to 1 part of butter. The proprietor was warned and the practice of serving margarine mixed with butter was discontinued.
5. Meat Pudding. An informal sample was found to be deficient in meat to the extent of 10%. Warning letter to manufacturer. Subsequent informal samples were found to be genuine.

6. Pork Sausage. An informal sample was found to be deficient in meat to the extent of 10.7%. Warning to manufacturers.
7. Milk. An informal sample from the bulked milk of two churns contained milk-fat 3.0%, milk-solids other than milk-fat 7.66% and was thus deficient in milk-solids other than milk-fat to the extent of 9.8%. The Freezing Point (Hortvet) showed the deficiency to be due to natural causes.
8. Milk. An informal sample from the bulked milk of 30 churns contained milk-fat 3.5%, milk-solids other than milk-fat 8.41%. The sample was thus slightly deficient in milk-solids other than milk-fat. The Freezing Point (Hortvet) showed the presence of added water. A further informal sample was taken and proved genuine.
9. and 10. Chopped Chicken in Jelly. Two informal samples were found to contain 73.4% and 71% of meat respectively. The matter was taken up with the importers. Stocks withdrawn.
11. Beef Sausage. An informal sample was found to contain 48.6% of meat. Sample thus slightly deficient in meat. Subsequent sample found to be genuine.
12. Cream. An informal sample of cream had a rather lumpy consistency, and a very faint bitter taste. There was no evidence of chemical contamination, in particular detergents, hypochlorites and colouring matter were absent. The bitterness of the sample appeared to increase with storage and this fact, together with the development of a slight odour of butyric acid, suggested that the cause of the bitterness was due to enzymic or bacterial action in the ripening process.
13. Stewed Steak with Gravy. An informal sample contained 68.3% of meat, and should contain not less than 70%, was thus slightly deficient in meat. Letter sent to manufacturers. Most probably due to defect in metering machinery as firm work to a final content of 72%.

Offences other than those indicated by sampling

Legal Proceedings

Food and Drugs Act, 1955

1. Sold a mouldy apricot fruit pie. Fined £10.
2. Sold a mouldy apple pie. Fined £17 7s. 0d.
3. Having in his possession for the purpose of sale various foodstuffs unfit for human consumption owing to rodent contamination. Fined £11 5s. 0d.

Food Hygiene (General) Regulations, 1960

1. Walls and floor of kitchen not kept clean. Fined £6.
2. Accumulations of refuse in kitchen. Fined £6.
3. Not providing soap, nail brush and towel etc. Fined £6.
4. Chopping block not kept clean and in good order and repair. Fined £6.
5. Using a room containing a sanitary convenience as a food room. Fined £6.
6. No 'wash hands' notice to staff in the sanitary convenience. Fined £6.

7. Floor of ladies sanitary convenience not clean. Fined £6.
8. Sanitary convenience for males not clean. Fined £6.
9. Placing food so as to involve risk of contamination. Fined £6.
10. Using unsuitable food equipment. Fined £6.
11. Surfaces of two tables not suitably constructed. Fined £6.

Informal Action

Mould was the chief cause of complaint about foodstuffs during the year.

1. In addition to the action taken about mouldy foodstuffs under the Food and Drugs Act outlined above, 16 other cases, involving 7 bread and confectionery articles, 6 meat products, 1 cheese sandwich, 1 cheese spread and 1 tin of soup affected with mould, were dealt with informally. It is interesting to note that 11 of the complainants requested that no formal action be taken. Indeed, in some cases, when people were not certain where articles had been purchased or undue delay occurred in bringing matters to the notice of the Department or it was difficult to establish where the fault lay, such action would be virtually impossible. Nevertheless efforts were made to improve standards of food handling by giving advice and, where appropriate, by issuing warnings.
2. Five complaints were received about dark stains on canned meat. Laboratory investigation revealed that in one case there was a minute gash in the can parallel to the upper score line. As cans are percussion tested for loss of vacuum prior to final cartoning it would seem that the gash was the result of transit damage. The discolouration in the other cases was due to natural sulphiding. The attention of the firms concerned was drawn to the matters.
3. Animal skin and hair in tin of meat. A piece of pig skin with hair which had apparently escaped detection by the manufacturing staff. The incident was brought to the notice of the factory concerned.
4. The attention of the Department was drawn to the condition of two milk bottles. One contained a small piece of glass but the complainant was unwilling to give evidence. The other concerned a dirt mark on the internal shoulder of the bottle. Warnings issued.
5. Fried fish alleged to contain maggot. Examination showed that it was *Filaria bicolor*, a natural parasite of fish harmless to man and occurring, particularly, in cod. Vendor warned.
6. Tin of meat containing a small piece of glass. Meat packed abroad. Glass could have been chipped off a bottle of the milk container type, but as this type of container is forbidden in the factory concerned its origin must remain a mystery. Complainant did not wish to pursue the matter.
7. Pork pie containing a piece of mutton cloth. On investigation it was found that the cloth had got into a pie meat machine which was immediately stopped and a search undertaken. It was thought all the cloth had been recovered, but obviously it had not. Warning to firm.
8. Discoloured chocolate coating of a packet of confections. Condition known in the trade as "heat bloom" which can be caused by exposure to sunlight for very brief periods. Shopkeeper advised re storage and display.

9. Packet of food containing a piece of string. Examination revealed that it was from the conveyor belt which had become worn on one edge. The belt was replaced and regular inspection by the firm should now ensure that this problem does not occur again.
10. Maggot in ground rice. Examination suggested it was the larval stage of a flour moth. On visiting the shop it was found that stocks had been withdrawn from sale and destroyed as a result of a customer's complaint. Letter of warning.
11. Bottle of grapefruit containing minute insects. Appeared to be a case of a dirty bottle escaping the scanner's attention. A warning was issued.
12. Coconut containing metal turning. Coconut imported in desiccated form and packed in this country. Matter taken up with suppliers and customer reimbursed.
13. Bottle of wine containing foul smelling contents. Capped with a crown cork used for beer. Obviously a bottle which had been tampered with somewhere in the course of distribution. How and when remain a mystery, except to an individual with a warped or malicious sense of humour!
14. Cereal food alleged to contain cigarette end. Factory concerned maintains a high standard of hygiene with smoking strictly prohibited and its violation leading to instant dismissal. All food hoppers are raised above floor level and conveyors are covered and set at height of not less than eight feet. Canteen, where smoking is permitted, and dressing rooms are in entirely different building. No further action.
15. Sliced loaf said to be "doughy". The trouble appeared to be due to the compression of the loaf in the slicing machine while the bread was still warm. Matter taken up with bakery.
16. Ants in fruit pie. Examination of the shop and stock showed no infestation, but action had been taken by the shop keeper to deal with this type of trouble about a month previously. Purchaser reimbursed.
17. Small piece of hacksaw blade embedded in loaf of bread. Loaf produced in modern baking unit automatically designed to produce bread under the best possible hygienic conditions. Contractors' engineers working on new equipment and it appears one must have been careless. Firm fitting metal detector as safeguard. Warning issued.
18. Packet of crisps containing pieces of potato skin and discoloured crisps. Investigation showed they had been made from imported potatoes which have different peeling characteristics from early home supplies, and require adjustments to the processing machinery. The discoloured crisps were due to overcooking. Instructions given by the firm for the tightening up of their inspection and quality control system. Complainant reimbursed.
19. Complaint about sour cooked pork. Probably due to periodic removal from refrigerated display cabinet for cutting purposes, and meat being kept too long for time of year. Warning given.

Milk Supply

Lincoln is a Specified Area in which only specially designated milk may be sold by retail.

Milk and Dairies (General) Regulations, 1959.

No. of milk distributors on the Register	126
No. of dairies on the Register	6

The Milk (Special Designation) Regulations, 1960.

No. of dealers licences to use the designation "Untreated" ..	2
No. of dealers (Pasteuriser's) licences	2
No. of dealers licences to use the designation "Pasteurised" ..	78
No. of dealers licences to use the designation "Sterilised" ..	98

315 samples of designated milk were submitted for examination and of these 5 samples failed to pass the test prescribed by the appropriate Regulations.

All the samples were examined at the Public Health Laboratory, Lincoln.

The following tables give the information in more detail:

HEAT TREATED MILK:

Designation	No. of sam- ples	Passed Meth. Blue Test	Phos- phat- ase	Failed Meth. Blue Test	Phos- phat- ase	Passed Turbidity	Failed Turbidity	Unsatis- factory Samples No.
Pasteurised	118	*115	118	—	—	—	—	—
Pasteurised (School)	81	*78	81	1	—	—	—	1
Pasteurised (Channel Islands)	76	76	76	—	—	—	—	—
Sterilised	40	—	—	—	—	40	—	—
	315	269	275	1	—	40	—	1

*3 samples of Pasteurised Milk and 2 samples of Pasteurised (School) Milk were not submitted to the Methylene Blue Test as the overnight atmospheric shade temperature exceeded 70°F and the test was thus rendered void.

RAW MILK:

Designation	No. of samples	Methylene Passed	Blue Failed	Unsatisfactory No.
Untreated (Farm Bottled)	8	5	2	2

On one occasion the overnight shade temperature exceeded 70°F and the test was thus rendered void.

Cream

29 samples of cream were submitted for bacteriological examination, 23 samples were satisfactory, and 6 samples unsatisfactory.

Bacteriological Examination of Milk Equipment

Regular checks were made during the year on the bacteriological condition of the equipment at the pasteurising establishments in the City and in this connection the following numbers of specimens were submitted to the Public Health Laboratory.

	<i>No. of specimens</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Milk bottles ..	522	504	18
Milk churns ..	48	48	—
Milk Plant Swabs	42	42	—
Tankers ..	21	18	3

Ice Cream

No. of premises registered for sale 261

53 samples were examined at the Public Health Laboratory, Lincoln.

<i>Provisional Grade</i>	<i>Time taken to reduce Methylene Blue</i>	<i>No. of samples</i>	<i>Percentage</i>
1	4½ hours or more	39	73.6
2	2½ to 4 hours	12	22.6
3	½ to 2 hours	2	3.8
4	0 hours	0	0

It is recommended in connection with the grading of samples that over a period 50% of a vendor's samples should fall in Grade 1, 80% into grades 1 or 2 and not more than 20% into grade 3, and none into grade 4.

Orange Drink

11 samples were examined at the Public Health Laboratory, Lincoln and were satisfactory.

Preserved Food

83 premises are registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food, but many of these have ceased to function for the purpose for which they are registered.

Inspection of Meat

In addition to the City Abattoir there are three private slaughterhouses in the City, but one of these was not used during the year.

The number of food animals slaughtered at the three slaughterhouses was 44,278 compared with 48,759 last year, a decrease of 4,481. There has been an increase in the number of cattle killed but a falling off in the number of sheep and, particularly pigs.

The following table shows the incidence of tuberculosis and other diseases in the various classes of animals.

	<i>Cattle excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number killed ..	5,404	110	47	17,603	20,960
Number inspected ..	5,404	110	47	17,603	20,960
<i>All diseases except Tuberculosis and Cysticercosis</i>					
Whole carcasses condemned	4	2	5	30	46
Carcasses of which some part or organ was condemned	1,631	3	1	480	1,451

	<i>Cattle excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Percentage of the number inspected affected with disease other than tuberculosis <i>and cysticercosis</i> ..	30.26%	4.54%	12.76%	2.89%	7.14%

Tuberculosis:

Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	3	—	—	—	344
Percentage of the number inspected affected with tuberculosis	0.05%	—	—	—	1.64%

Cysticercosis

Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	120	12	—	63	—
Carcasses submitted to treatment by refrigeration	17	—	—	—	—

Cysticercus Bovis

Routine inspection for this disease has now been carried out for nineteen years. As mentioned last year the incidence of this disease has shown an upward trend after the reduction of the previous ten years. Although the percentage infection of all bovines is slightly down on the previous year, the figures emphasise the need for continued vigilance in meat inspection. For every viable cyst seven degenerate ones were found at the City Abattoir, and at the private slaughterhouses five degenerate. The total of 132 cysts indicates that a large number of cattle were exposed to this disease and underlines the need for control measures on the part of producers.

The following table shows the incidence of infection of all bovines inspected to be:—

<i>Bovines Slaughtered</i>		<i>No. infected with C. Bovis</i>		<i>No. of generalised Cases</i>		<i>Percentage infection of all Bovines</i>
<i>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	<i>Cows</i>	
5,404	110	17	—	—	—	0.3

The cysts were located in the animals as follows:—

Head	..	..	12
Skirt	..	..	5
Heart	..	..	—

The carcasses and remainder of the offal of the ~~24~~ animals were placed in cold storage at a temperature of 20°F for three weeks or 14°F for two weeks in accordance with The Meat Inspection Regulations, 1963.

Degenerate cysts were also found in 115 animals located as follows:

	<i>Cattle</i>		<i>Cows</i>
Head	33
Heart	60
Skirt	10

Foods Condemned

The amount of foodstuffs condemned as unfit for human consumption was:

			<i>Tons</i>	<i>Cwts.</i>	<i>Sts.</i>	<i>Lbs.</i>
Meat	..	..	6	17	7	2
Offals	..	..	15	19	3	2
Other Food	..	..	31	3	3	6
Fish	..	..		1	1	5
			54	1	7	1

Slaughter of Animals Act, 1958

Thirty-nine applications for licences to slaughter or stun animals in a slaughterhouse were granted.

CITY OF LINCOLN
EDUCATION COMMITTEE

ANNUAL REPORT
ON THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR ENDED 31st DECEMBER, 1967

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
*Medical Officer of Health and Principal School
Medical Officer for the City of Lincoln*

CITY OF LINCOLN EDUCATION COMMITTEE

YEAR ENDED 31ST AUGUST, 1967

Chairman of the Education Committee:
Councillor G. T. BLADES

Members of the Education Committee:

Alderman W. E. HERBERT	Councillor Dr. R. J. READ
Alderman SIR FRANCIS HILL, C.B.E., LITT.D., LL.D.	Councillor Mrs. S. J. TOWNEND
Alderman J. H. SPENCE	Councillor J. T. WARD
Councillor P. W. ARCHER, J.P.	The Rt. Rev. Monsignor E. H. ATKINSON, v.g.
Councillor G. T. BLADES	The Rev. B. A. BAKER
Councillor R. CLAPHAM	Mr. D. J. LOGAN
Councillor Mrs. E. M. DAWBER	The Rev. Canon N. S. RATHBONE, M.A.
Councillor G. G. ELSEY, J.P.	Mrs. J. F. SCOTT
Councillor H. EVANS	Miss J. E. SKINNER, M.A.
Councillor R. D. HORNER	Mrs. M. A. TOOMER
Councillor B. H. KENDALL	Mr. E. H. TUTTY
Councillor R. M. LUCAS	
Councillor W. PIXSLEY	

SPECIAL SERVICES COMMITTEE

Chairman of the Special Services Committee:
Councillor R. M. LUCAS

Members of the Special Services Committee:

Councillor G. T. BLADES	Councillor J. T. WARD
Councillor R. CLAPHAM	The Right Rev. Monsignor E. H. ATKINSON, v.g.
Councillor G. G. ELSEY, J.P.	Mr. D. J. LOGAN
Councillor H. EVANS	Miss J. E. SKINNER, M.A.
Councillor R. D. HORNER	Mrs. M. A. TOOMER
Councillor B. H. KENDALL	
Councillor R. M. LUCAS	

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

I submit my Annual Report on the health of the school children in the City and the work of the School Health Department during the year 1967.

The school population, 13,501, was similar to that for the previous year, 13,417.

There was no change in the pattern of routine medical inspection of school children and of the 3,867 children examined, 969 defects were found which required treatment. The testing of all school children's vision each year started in 1963 and the results have fully justified the efforts made by the school health service staff, and the forbearance of head teachers on a further incursion into school time is appreciated. In view of the rapid deterioration of vision which may occur particularly during the ages of 8 to 12 years, the case for continuing annual testing of vision is obvious and under this scheme approximately 300 children each year are discovered to have defective vision.

Apart from infective hepatitis, infectious diseases amongst school children were less prevalent during the year. Cases of infective hepatitis started to appear early in 1967 and occurred sporadically in increasing numbers as the year progressed. No particular area of the City showed the highest incidence—the first cases appeared in the St. Giles' area and then gradually spread to other areas of the City. This is an unpleasant illness for which there is no effective treatment and which may necessitate many weeks absence from school. It was not an epidemic year for measles, only 93 cases being reported, and sonn  dysentery was not troublesome. Once again I can report that no case of diphtheria occurred and the City has now been free from this infection for eighteen years. However, it certainly appears that the incidence of scabies infestation is increasing and this seems to be in keeping with a national trend. Verruca infection still persists and there is no evidence that a decrease in incidence can be expected. Some improvement in the facilities for treatment of the latter condition was achieved by the appointment of a part-time chiropodist, who worked sessionally at two girls schools.

The school nurses spend a considerable amount of time on head inspections in schools, but in spite of their efforts no progress was made in 1967 in the eradication of pediculosis. Indeed the number of children found to be infested showed a considerable increase on that of the previous year. This does not indicate that the vigilance of the School Nurses and Health Visitors has in any way diminished. The incidence of scabies infestation also appears to be increasing after many years during which the incidence has been very low. This trend has been noticed nationally and is not confined to school children.

The number of handicapped pupils ascertained was similar to that of previous years and one would be unduly optimistic in suggesting that a decrease can be expected in the future. Indeed the opposite may well prove to be the case. One condition gives rise to particular concern — namely that of spina bifida. The number of children with this defect is likely to increase and many of the children affected will need special education throughout school life.

It may be seen from the report of the Principal School Dental Officer that the improvement in the school children's teeth has continued. The high

standard of the dental treatment with emphasis on conservation has continued, and the ratio of fillings to extractions remains high in the case of both school children and pre-school children. The average percentage of children found on routine inspection to require treatment was 40.3% and this compares very favourably with the percentage in 1964, before the dental health campaign, which was 82.3%. As a result of the dental health campaign and the subsequent employment of a full-time dental health education officer, the improvement in the children's teeth has been most marked and it is believed that this will continue.

A Health Education Officer was appointed in 1967 and spends part of her time in schools. Her programme in schools is expanding and more schools are being visited. It is felt that the impact and results will be as effective as the dental health education has been, and if this is the case the project will have been well worthwhile.

Dr. J. S. Edmondson succeeded Dr. G. McK. Nicholl as consultant child psychiatrist in Lincoln in July, the Sheffield Regional Board having decided that two psychiatrists were required for North Lincolnshire. Dr. Nicholl will in future work in the northern half of the county. Mr. M. R. Hirst resigned his position as School Dental Officer during the year.

I should like to express my appreciation of the loyal support given during the year by the staff of the School Health Service and should like to thank the Chief Education Officer and the staff of the Education Department for their helpfulness and co-operation. My thanks are also due to members of the Special Services Sub-Committee and in particular to Councillor R. M. Lucas for the keen interest and assistance given.

R. D. HAIGH,

Principal School Medical Officer.

City Health Department,
Beaumont Fee,
LINCOLN.
June, 1968.

STAFF OF SCHOOL HEALTH DEPARTMENT
1967

Principal School Medical Officer:

R. D. HAIGH, M.B., CH.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

Deputy Principal School Medical Officer:

P. E. Elwood, M.B., B.CH., B.A.O., D.R.C.O.G., D.P.H.

School Medical Officers and Assistant Medical Officers of Health

E. G. Myra Cummings, M.R.C.S., L.R.C.P., D.P.H.

Phoebe H. Chance, M.R.C.S., L.R.C.P.

Principal Dental Officer:

G. A. Vega, B.D.S.

Dental Officers:

J. Icton, L.D.S., R.C.S.

M. R. Hirst, B.D.S., B.Sc. (Resigned 31.10.67)

Dental Auxiliary:

Mrs. S. M. Horseman

Dental Surgery Assistants:

Mrs. B. Gander (Resigned 28.2.67)

Mrs. V. Portergill

Miss P. Smalley

Mrs. M. Wallis

Miss J. Shelton (Trainee, Commenced 3.4.67)

Dental Health Education Officer:

Mrs. J. Abell

Dental Clerk:

Mrs. P. J. Ellis

Consultant Children's Psychiatrist:

G. McK. Nicholl, M.A., M.R.C.S., L.R.C.P., D.P.M. (Resigned 3.7.67)

John S. Edmondson, M.B., CH.B., D.P.M. (Commenced 10.7.67)

Educational Psychologist:

C. H. Jackson, M.A., PH.D., DIP.ED., F.B.P.S.S.

Social Workers:

Miss M. B. Foster, B.A., M.A., DIP.SOC.SC. (Commenced 1.5.67)

Mrs. Y. M. Jackson

Secretaries:

Miss L. C. Aylmer
Miss P. Secker

Chiropodist:

Mrs. A. D. Brown, M.CH.S. (Part-time, Commenced 13.4.67)

Nursing Superintendent:

Miss E. M. Day, S.R.N., S.C.M., Q.I.D.N., H.V.

Senior Health Visitor/School Nurse:

Miss J. Williamson, S.R.N., S.C.M., H.V.

Health Visitors/School Nurses:

Miss M. Clarke, S.R.N., R.S.C.N., H.V.
Mrs. M. L. Dimbleby, S.R.N., S.C.M., H.V.
Mrs. J. Dunham, S.R.N., H.V. (Commenced 1.10.67)
Miss S. East, S.R.N., B.T.A., H.V.
Miss J. E. Green, S.R.N., S.C.M., Q.I.D.N., H.V. (Part-time from 10.4.67)
Miss B. M. Lees, S.R.N., S.C.M., H.V.
Mrs. M. A. Newsam, S.R.N., S.C.M., H.V.
Miss J. Scott, S.R.N., H.V.
Miss A. H. Taylor, S.R.N., S.C.M., R.S.C.N., H.V.
Mrs. D. Wood, S.R.N., H.V. (Part-time, Commenced 1.5.67)

School Nurses:

Miss D. A. Oliver, S.R.N., S.C.M.
Mrs. K. Pitchford, S.R.N.
Mrs. A. Saywell, S.R.N. (Part-time)
Miss F. M. Shearman, S.R.F.N., S.R.N., S.C.M.
Mrs. J. M. Swann, S.R.F.N., S.C.M.

Health Education Officer:

Miss C. A. Thompson, S.R.N., S.C.M., H.V., C.N.N.
(Part-time, Commenced 1.4.67)

Lay Administrative Assistant:

J. C. Martin, A.R.S.H.

Clerk-in-Charge:

R. W. Hill

Clerks:

Mrs. B. Colam (Part-time)
Mrs. J. E. Gough (Part-time)
Miss C. Sykes

LIST OF SCHOOLS

School	No on Register January, 1968	Head Teacher
Nursery		
St. Cuthbert's	50	Miss S. A. Kerslake
St. Giles	45	Miss H. Church
Primary		
Birchwood Infants	414	Mrs. M. Sewell
Boultham Junior	366	Mr. A. E. Briggs
Boultham Infant	154	Miss R. E. Morris
Bracebridge Junior	399	Mr. D. J. Logan
Bracebridge Infant	279	Miss T. H. Bewley
Monks Road Junior	381	Mr. H. J. Sharman
Monks Road Infant	260	Miss S. M. Walker
Mount Street Infant and Junior Girls'	403	Miss B. M. Jubb
St. Botolph's Infant	102	Mrs. M. Young
St. Giles Junior	461	Mr. F. Pickering
St. Giles Infant	337	Miss J. O. Yeates
Skellingthorpe Road Junior	432	Mr. E. S. Wilson
Skellingthorpe Road Infant	411	Miss S. M. Neale
Westgate Junior Boys' and Girls'	299	Mr. J. Pritchard
Hartsholme Infant	197	Miss D. J. Neale, O.B.E.
Ermine Infant	313	Miss J. M. Sowerby
Ermine Junior	449	Mr. J. Harrod, B.A.
Eastgate Infant and Junior Girls'	149	Miss M. B. Cullen
St. Andrew's Infant and Junior	188	Miss M. Oliver
St. Faith's Junior	240	Mr. K. I. Cook
St. Faith's Infant	197	Mrs. M. Blakeman
St. Martin's Infant and Junior Girls'	84	Mrs. D. P. E. M. Cook
St. Peter's Junior	222	Mr. R. S. Forbes
St. Peter's Infant	283	Mrs. K. West
St. Hugh's R.C.	308	Mr. D. V. Griffiths
Our Lady of Lincoln R.C.	285	Mr. J. Brown
Secondary Modern		
Rosemary	400	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	291	Mr. L. R. W. Thake
Myle Cross Girls'	375	Miss J. K. Gentry
Sincil Boys'	559	Mr. F. Bell, B.Sc.
Spring Hill	381	Miss J. P. Whiteside
Boultham Moor Girls'	550	Miss L. M. Powell
St. Peter and St. Paul	317	Mr. T. P. Groome, B.A.
Bishop King	301	Mr. A. Booth, B.A.
Secondary Grammar		
The City	548	Mr. L. R. Middleton, M.A., B.Sc.
South Park High	576	Miss M. J. Widdowson, B.A.
Lincoln	518	Mr. J. Faull, B.Sc.
Christ's Hospital Girls' High	512	Miss M. Leahy, B.A.

Special Schools

Open Air	50	Miss D. E. Willcock, J.P.
St. Christopher's	134	Mr. F. H. Fraser

Establishments of Further Education

<i>Full-time day students</i>		<i>Principal</i>
College of Technology	153	Mr. G. A. Church, B.Sc., A.C.G.I., C.ENG., F.I.MECH.E.
College of Art	128	Mr. A. W. H. Pears, A.T.D.

STATISTICS

Population of City	..	..	..	77,150 (mid-year estimate)
*School Population	..	..	..	13,501
Number of Schools	..	..	..	42
Number of F.E. Establishments	..	..	..	2

Maintained Schools in Lincoln

Schools	No. of †Departments	Boys	No of children on roll Girls	Total
Nursery	2	53	42	95
Infant	17	1914	1784	3668
Junior	16	1937	2028	3965
Special (E.S.N.) ..	1	78	56	134
Special (Open Air) ..	1	27	23	50
Secondary Modern ..	8	1641	1533	3174
Secondary Grammar ..	4	1066	1088	2154
College of Technnology ..	1	41	112	153
College of Art	1	51	77	128
	—	—	—	—
	51	6788	6713	13501
	—	—	—	—

* Includes children attending City Schools who reside outside the City Boundary.

† Where the same school contains more than one section these are counted as separate departments.

ROUTINE MEDICAL INSPECTION OF SCHOOL CHILDREN

The routine medical inspection of school children continues to be one of the most important aspects of the work of the School Health Service, and the pattern of previous years has again been followed whereby children are examined at five, ten and fourteen years approximately. No groups of children were selectively examined during the year.

3,867 children (3,434 in 1966) were examined during 1967 and 969 (981 in 1966) defects were noted and referred for treatment.

Of the total number of defects noted during the year, visual defects accounted for 51.4% (55.7% in 1966), orthopaedic defects 12.8% (13.5%), skin defects 13.6% (6.9%) hearing defects 3.3% (6.2%) nose and throat defects 7.4% (5.9%) and speech defects 4.3% (3.0%) .

The majority of children examined had their urine tested for sugar. No child was found to require treatment or observation during the year for this condition.

Cases of obesity are still being found in school children and during the year one infant was referred for treatment for this condition, whilst nine children (1 infant, 4 juniors and 4 seniors) were required to be kept under observation. These figures are very similar to last year's, when 4 children were referred for treatment and 9 kept under observation.

There has been an almost complete swing of the pendulum since the early 1930's when, according to Annual Reports of that period, between 5% and 7% of the school children inspected were found to be suffering from malnutrition in varying degrees. Of course this state of affairs was most undesirable and an equally undesirable situation would be a similar percentage of the school population with obesity. An overweight child cannot be regarded as a fit child and parents of an obese child would be well advised to pay careful attention to the regulation of the child's diet and exercise.

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 969 compared with 981 in 1966.

			Entrants		Leavers		Others		Total	
			*T	*O	*T	*O	*T	*O	*T	*O
Skin	...	...	49	6	52	20	31	12	132	38
Eyes—Vision	...	...	42	55	202	25	150	83	394	163
Squint	...	...	58	32	21	1	26	13	105	46
Other	...	...	8	3	2	1	2	1	12	5
Ears—Hearing...	...	...	10	124	8	20	3	34	21	178
Otitis media	...	...	—	28	4	4	4	5	8	37
Other	...	...	1	3	—	1	2	—	3	4
Nose and Throat	...	...	51	99	8	8	13	13	72	120
Speech	...	...	39	33	—	1	3	6	42	40
Lymphatic glands	...	...	—	33	—	—	—	9	—	42
Heart	...	...	7	22	—	8	2	9	9	39
Lungs	...	...	5	51	—	13	3	15	8	79
Development										
Hernia	...	...	1	6	—	2	2	—	3	8
Other	...	...	9	54	—	2	7	11	16	67
Orthopaedic										
Posture	...	...	1	—	—	2	2	5	3	7
Feet	...	...	39	12	10	7	20	16	69	35
Other	...	...	40	12	5	7	7	9	52	28
Nervous system										
Epilepsy	...	...	1	3	1	2	1	2	3	7
Other	...	...	1	12	—	4	—	5	1	21
Psychological										
Development	...	...	3	8	—	4	2	21	5	33
Stability	...	...	4	40	1	6	4	21	9	67
Abdomen	...	...	—	—	—	1	1	3	1	4
Other	...	...	1	1	—	4	—	4	1	9
			370	637	314	143	285	297	969	1077

*T—Defects requiring treatment

*O—Defects requiring to be kept under observation

GENERAL CONDITION OF CHILDREN

Of the total number of children examined, 0.65 per cent were classified as being medically unsatisfactory. This represents 25 children out of a total number of 3,867 who were examined.

SPECIAL INSPECTIONS

Defect or Disease				Pupils requiring treatment	Pupils requiring observation
Skin ...	...	...	...	18	6
Eyes—vision	...	...	...	97	22
squint	...	...	...	14	—
other...	...	...	...	8	2
Ears—hearing	...	...	...	12	28
Otitis media	...	...	...	3	1
Other	...	...	...	—	1
Nose and Throat	...	...	...	9	7
Speech	...	...	...	5	3
Lymphatic glands	...	...	...	—	1
Heart	...	...	...	9	4
Lungs	...	...	...	13	11
Development—					
Hernia	...	...	...	—	1
Other	...	...	...	—	1
Orthopaedic—					
Posture...	...	...	...	—	—
Feet	...	...	...	11	4
Other	...	...	...	3	4
Nervous system—					
Epilepsy	...	...	...	—	3
Other	...	...	...	—	—
Psychological—					
Development	...	...	...	—	1
Stability	...	...	...	87	16
Abdomen	...	...	...	—	1
Other	...	...	...	5	11
Totals	...	...	...	294	128

NOTES ON SPECIFIC DEFECTS

SKIN DISEASES

Excluding dental and visual defects, more children are found to have some form of disease of the skin than any other condition, and, in addition to those cases discovered at routine or special medical inspections, many children are referred directly from schools to minor ailment clinics for treatment.

The majority of children seen at minor ailment clinics with skin diseases were cases of verruca. 229 children were treated for this condition during the year (208 in 1966) and in addition 94 children were treated by the School Chiropodist.

No child was found to have ringworm during the year, but there were 10 cases of scabies in 1967 (2 in 1966) and 7 cases of impetigo (8 in 1966). In addition 44 cases of other miscellaneous skin diseases were treated.

VISUAL DEFECTS

It is the practice in Lincoln to test the vision of every school child each year. Although annual vision testing was started in 1963, it was not until 1965 that a Vision Screening machine was purchased specifically for this task. The screener has proved to be a valuable asset in that it is simple to operate and is particularly useful in schools where there is insufficient

distance for the conventional type of vision test, or where the lighting is inadequate. The screener is not used for testing infants' vision; the hand card or E card continues to be used.

The following table shows the result of the year's work:

			<i>Total Tested</i>	<i>Referred for Treatment</i>	<i>For Observation</i>
Infants	..	..	1639	12	51
Juniors	..	..	2414	26	84
Seniors	..	..	3234	41	86
			<hr/>	<hr/>	<hr/>
Totals	..	..	7287	99	221

The above figures do not include children tested at routine School Medical Inspections at which 499 children were found to have a visual defect requiring treatment and 209 were placed under observation.

The children for observation are those whose eyesight at the time of examination was not perfect, but the visual defects were not considered to be serious enough to necessitate referral to the Ophthalmic Clinic. These children are re-tested at frequent intervals by the School Nurses and are referred for treatment if the vision deteriorates.

Children requiring treatment are referred to the Children's Ophthalmic Clinic at the County Hospital and I am grateful to Mr. A. H. Briggs for the following report on the work of the Clinic during the year.

“It will be seen that during the year there was a small fall in the number of new cases referred and this has given an opportunity for a more thorough revision of the old cases still currently on our records which amount to 1433 in all. A substantial increase in the examinations of old cases took place and it was found possible to discharge 233 many of whom had already reached school leaving age. The number of clinics held was 309 against 244 in 1966 and there is no substantial waiting period for examinations at the end of the year.

I am glad to be able to record as always my gratitude for the helpfulness and co-operation of your department."

CHILDREN SEEN AT SCHOOL CLINICS AT LINCOLN COUNTY HOSPITAL

							1967	1966
New Cases:								
Sent for	..	..	..	..	..	..	372	408
Attended	..	..	..	..	..	..	309	317
Failed	..	..	..	..	..	..	63	91
Old Cases:								
Sent for	..	..	..	..	..	..	2186	1594
Attended	..	..	..	..	..	..	1556	1138
Failed	..	..	..	..	..	..	630	456
Discharged	..	..	..	..	..	..	233	95
Complete pairs of single Glasses prescribed						..	677	716
Lenses prescribed		..	..	..	..	..	200	143
Authorised repairs		..	..	..	..	..	307	143

Orthoptic Department

	1967	1966
New Cases seen	195	154
Old Cases seen	2030	1467

These figures refer not only to school children but also to a number of pre-school children referred to the clinic from the Infant Welfare Centres.

DISEASES OF THE NOSE AND THROAT

The total number of defects noted during the year was 192 as compared with 149 in 1966. The number of Lincoln children who received operative treatment at the County Hospital in 1967 was 155 (191 in 1966).

CHILDREN WITH IMPAIRED HEARING AND THE AUDIO-METRY SERVICE

School children are routinely sweep tested on entering school, again during their last year in Junior School and finally before leaving Senior School. Children whose sweep tests prove to be unsatisfactory are given a pure tone audiometric test.

The construction of a sound-proof room has enabled the nursing staff to produce much more accurate audiograms than has been possible in the past.

All children with abnormal audiograms are referred to Mr. M. Spencer Harrison, F.R.C.S. at the Audiology Unit at the County Hospital, whose co-operation and help is very much appreciated.

Audiometric Tests, 1967

The following table summarises the work carried out during the year:

Number of children tested

Infants	1647
Junior	1628
Senior	1530
	<hr/>
Total ..	4805
	<hr/>

Number who failed Sweep Tests: 183=3.8%.

Pure Tone Audiograms

The children who failed sweep tests were referred for a pure tone audiogram with the following results:

Number offered appointments for P.T.A.	174
Number awaiting appointments for P.T.A. on 31.12.67	9
Number who failed to attend	7
Number of children examined by P.T.A.	167

Result of pure tone audiograms:

Satisfactory	90
Unsatisfactory	77

Disposal and treatment of unsatisfactory cases:

Left Lincoln	2
Arranging treatment privately	5
Wax removed	1
For review at Hospital	8
For observation	61
	<hr/>
	77
	<hr/>

SPEECH DEFECTS

Children with speech defects which require treatment are referred to the Speech Therapist at the County Hospital. Unfortunately, the Speech Therapist resigned in July, 1967 and it has not been possible as yet to obtain a replacement. No information is available regarding the number of children seen during the year.

ORTHOPAEDIC AND POSTURAL DEFECTS

All school children found to be suffering from orthopaedic defects, which in the opinion of the School Medical Officer require investigation, are referred to the fortnightly clinic held by Mr. D. F. Thomas, F.R.C.S. in the School Clinic, Beaumont Fee.

At the beginning of the year Mr. Thomas suggested that children from outside the City boundary should be allowed to attend the clinic in Lincoln. The Medical Officers of Health for the county areas concerned, *i.e.*, Lindsey and Kesteven, were in agreement with this proposal and, as from February, 1967, County children living within a reasonable travelling distance of the City who require orthopaedic supervision and treatment have been seen at the Lincoln Clinic.

The following is a summary of the work carried out:

	1967	1966
Number of sessions held by the Orthopaedic Surgeon ..	14	19
Number of new cases seen by the Orthopaedic Surgeon	157	190
Total attendances (new and old cases)	424	555

(The number of new cases seen during 1967 includes 1 from Lindsey and 10 from Kesteven).

SCHOOL CHIROPODY SERVICE

A Chiropodist was appointed to work part-time in the School Health Service from April, 1967 and she has been employed for two sessions each week, one at a girls' grammar school and one at a girls' secondary modern school. The advantage in the chiropodist visiting schools and not working from a fixed clinic is that the girls are absent from lessons for only a very short period for treatment. This is a very satisfactory arrangement from the Headteachers' viewpoint.

There is no doubt that this service could be considerably extended if the necessary finance and professional staff were available.

The following cases were dealt with by the chiropodist during the year:

Verrucae	94
Athletes Foot	9
Corns	10
Foot strain	5
Nails	4

HEART DISEASE AND RHEUMATISM

Lincoln is one of a number of areas in the Country where Acute Rheumatism occurring in children up to the age of 16 years is notifiable to the Local Authority.

Two cases occurred in 1967 and both were diagnosed at the County Hospital as Rheumatic Heart Disease with polyarthritis. One case was a girl aged 7 years and the other a boy aged 9 years.

SCHOOL CARDIAC REGISTER

Six new cases were added to the School Cardiac Register during 1967 and there are now 34 cases which have been discovered on routine medical examination.

The diagnoses of these cases are as follows:

(a)	Ventricular septal defect	..	..	..	14
(b)	Atrial septal defect	..	..	..	2
(c)	Mitral incompetence	..	..	..	1
(d)	Atria ventricularis communis	..	..	..	1
(e)	Pulmonary stenosis	..	..	..	5
(f)	Patent ductus arteriosus	..	..	..	2
(g)	Rheumatic fever with severe carditis	..	..	..	2
(h)	Rheumatic heart disease with polyarthritis	..	..	..	2
(i)	Aortic stenosis	..	..	..	1
(j)	Co-arctation of the aorta	..	..	..	2
(k)	Aortic incompetence and V.S.D.	..	..	..	2

Of these 34 cases, 32 are placed in ordinary schools and 2 in the Junior Training Centre.

PRE-SCHOOL CARDIAC REGISTER

Where there is a possibility of a child having a congenital heart lesion, the Consultant Paediatrician is normally asked for his advice. Fortunately, liaison between the Consultant and the Health Department is excellent and this permits us to complete a cardiac register for the pre-school child. During the year under review, a number of suspected cases were examined in the Hospital and the following definite cases have been recorded.

(a)	Ventricular septal defect	..	..	..	8
(b)	Atrial septal defect	..	..	..	4
(c)	Fallots tetralogy	..	..	..	2

The Principal School Dental Officer is notified of the name and diagnosis of every child on both cardiac registers. He is thus informed of those children 'at risk' and he acts accordingly. The compilation of the pre-school cardiac register also helps to ensure that no case is overlooked when examined at the first routine medical examination.

PROVISION OF SCHOOL CLINICS

At the School Clinic, Beaumont Fee:

Medical Clinic	Fridays at 2 p.m.
Minor Ailments	Wednesday to Friday at 9 a.m.
Orthopaedic Clinic	By appointment.

At Maternity and Child Welfare Centre:

Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m. (without appointment).
Ultra-Violet Light Clinic	By appointment.

Other clinics:

St. Giles Infant School	Minor ailment clinic each morning 9 a.m.
Skellingthorpe Road Infant School	Minor ailment clinic Monday, Wednesday and Friday mornings at 9 a.m.
Sincil Secondary Modern Boys'	Minor ailment clinic Monday, Wednesday and Friday mornings 9 a.m.

At Ravendale Clinic, Laughton Way.

Medical Clinic	Thursday morning (by appointment).
Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m. (without appointment).

The attendances at the various clinics are summarised in the following table:

Minor Ailment Clinics				New Cases	Revisits	1967 Totals	1966 Totals
Central Clinic	...	...	...	137	508	645	688
St. Giles	...	...	...	373	3251	3624	3333
Skellingthorpe Road	...	...	...	291	1136	1427	1826
Sincil Boys	...	...	...	252	998	1250	1295
				1053	5893	6946	7142
Medical Clinics	...	...	...	258	88	346	399
Orthopaedic Clinics	...	...	...	157	267	424	555
Dental Clinics	...	...	...	3140	5609	8749	10184

NOCTURNAL ENURESIS

Seven enuresis alarms are now available for use. Originally there were eight, but one family failed to return an alarm and it has not been possible to trace its whereabouts. It is regrettable that some families take so little care of these machines and one wonders whether more care might be taken if a cash deposit was requested at the time of issue.

The bell and pad alarm has proved its worth in the treatment of bed wetting at night, but before an alarm is recommended by the School Medical Officer, the child must first be examined to exclude any physical cause for the complaint. The best results are achieved with the alarm in children of eight years or older and only in exceptional circumstances is an alarm issued to a child below this age.

The following table shows the results of treatment and the ages of the children treated during the year.

<i>Age</i>				<i>Cured</i>	<i>Improved</i>	<i>No Improvement</i>	<i>Totals</i>
5	..	..	..	—	—	1	1
6	..	..	..	3	—	—	3
8	..	..	..	1	—	1	2
9	..	..	..	1	1	1	3
10	..	..	..	1	2	—	3
11	..	..	..	—	—	1	1
12	..	..	..	—	—	1	1
13	..	..	..	—	—	—	—
14	..	..	..	2	—	—	2
				8	3	5	16

<i>Severity</i>				<i>Cured</i>	<i>Improved</i>	<i>No Improvement</i>	<i>Totals</i>
Each night	..	..		7	2	4	13
3/4 times per week	..			1	1	1	3
Occasionally	..	..		—	—	—	—
				8	3	5	16

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS CAPITIS

The following table shows the incidence of pediculosis in school children in Lincoln during the last five years:

1963	1964	1965	1966	1967
2.6%	3.0%	2.7%	1.9%	2.8%

Inspection for the presence of pediculosis.

Number of visits to schools	..	..	..	..	287
Number of inspections of children	..	..	..	..	34846
Number of children found to be verminous, however slight					375
Notices issued to parents under Section 54(2) of the Education Act, 1944	..	..	..	..	143
Cleansing Orders under Section 54 (3)	..	..	..		5

The parents of one child were prosecuted during the year under Section 54 and found guilty. Each parent was fined £1.

The number of children found to be infested during the year was 375 compared with 262 in 1966 and 350 in 1965. The proportion of the school population found to be infested remains fairly steady at between 2% and 3%. It is difficult to see how the numbers can be reduced rapidly since there are a few areas of the City where some families are seldom free from infection.

The main difficulty in eradicating this infestation is that although it is possible to persuade family contacts to be treated this is not always the case and parents and older children often constitute the reservoir of infestation.

Head lotion and special shampoos are freely available from School Clinics for children with verminous heads and where it is suspected that parents or older members of the family are infested, the School Nurses distribute extra quantities of shampoo and endeavour to persuade the adults to cleanse their own hair.

The vigilance of the School Nurses is instrumental in keeping the numbers of verminous heads at a low level, but the persistence of this infestation is due to lack of training in the homes of those families, which, year after year, allow children to attend school in a verminous condition and put other children at risk.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following table shows the number of school children who were notified during the year as suffering from notifiable infectious diseases:

				1967	1966	1965
Dysentery	..	..	..	14	13	25
Measles	..	..	..	93	314	168
Scarlet Fever	..	..	..	6	18	46
Whooping Cough	..	..	..	19	—	—
				<hr/> 132	<hr/> 345	<hr/> 239

Dysentery

The number of cases notified during the year was one more than 1966. From information received, it is certain that this does not represent the true picture and many more cases occurred which were not notified.

Infective Hepatitis

See Report on page 30.

Measles

1967 was not an epidemic year and the number of cases notified was 93 compared with 314 in 1966.

Scarlet Fever

6 cases of Scarlet Fever were notified in 1967 compared with 18 in 1966. The disease generally was mild in character.

Whooping Cough

After two years without a case being reported, 19 cases were notified in 1967. The majority of the cases had not been immunised.

Diphtheria

No case of Diphtheria has been notified in the City since 1950.

Poliomyelitis

No case of Poliomyelitis has been notified in the City since 1960.

However a boy aged 15 was admitted to hospital with a virus encephalitis. Virology studies revealed the infecting agent was type II Poliomyelitis virus. The results were received three months after the illness, therefore no epidemiological studies were possible.

VACCINATION AND IMMUNISATION

Immunisation against Diphtheria, Whooping Cough and Tetanus

As in past years school entrants have been offered primary immunisation against diphtheria and tetanus, with booster doses against these diseases, for children who had primary immunisation in infancy.

I would like to thank Head Teachers for their co-operation in the immunisation of children at schools, for the visits by the medical and nursing staffs to schools undoubtedly cause interruptions in the school programmes.

The table below gives a summary of the work carried out during the year:

Primary Courses Completed (5 — 15 year age group)

			By LA.	By GPs	Total
Triple (D.T.P.)	..	..	2	5	7
Diphtheria/Tetanus	..	..	76	2	78
Diphtheria only	..	..	2	—	2
Tetanus only	..	..	3	6	9

Reinforcing Injections (5 — 15 year age group)

Triple (D.T.P.)	..	..	3	40	43
Diphtheria/Tetanus	..	..	742	17	759
Diphtheria only	..	..	33	1	34
Tetanus only	..	..	10	26	36

Poliomyelitis Vaccination

A fourth (or booster) dose of Sabin poliomyelitis vaccine is now offered to children on school entry as a routine, and it is the practice in Lincoln to complete the programme before the end of the summer term.

During the year, 903 children were given fourth doses of vaccine at school, as against 825 in 1966. In addition 42 children were given booster doses by their General Practitioners.

Primary vaccination is offered to those children who have not been protected in infancy, and during the year 92 children received primary courses in school whilst General Practitioners gave a further 12.

TUBERCULOSIS

The following table shows the number of children notified as suffering from Tuberculosis in recent years:

	1962	1963	1964	1965	1966	1967
Pulmonary tuberculosis	11	2	3	—	—	1
Tuberculous meningitis	—	1	—	—	—	—
Tuberculosis, other forms	1	—	—	—	—	—
Totals ..	12	3	3	—	—	1

B.C.G. VACCINATION

The reduction in the incidence of Tuberculosis is in no small measure the result of the B.C.G. Scheme. B.C.G. Vaccination commenced in Lincoln in 1956 and the children offered protection were in the 13 — 14 year old age group.

The following table shows the result of the work carried out during the year:

	1967	1966
Consent rate, November survey	90%	89%

Work carried out during the year

Number skin tested	966	1152
Number found positive: Grades 1 & 2	59	
Grades 3 & 4	17	
	—	76
Number found negative	846	988
Number vaccinated	841	987

Positive Reactors

Grades 1 and 2 referred to Mass Radiography Unit:

No evidence of disease	57	
Refused or failed to attend	2	
	—	—
	59	85
	—	—

Grades 3 and 4 X-rayed at Chest Clinic by large film:

No evidence of disease	13	
Signs of old healed lesions:		
For follow-up by Chest Physician ..	1	
No further action	2	
Failed to attend, but under care of Chest Physician some years ago	1	
	—	—
	17	21
	—	—

PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1967, was as follows:

	1967
To Nursery, Primary and Secondary Schools etc.	1,564,962
To Staff and Helpers	94,226
	—
	1,659,188
	—
Number of Free Meals supplied	155,174

On a selected day in 1967, the number of children taking milk under the 'Milk-in-Schools Scheme' was 9,693, which represents approximately 79.9% of those present on the selected day.

HANDICAPPED PUPILS

The Local Education Authority is responsible for ascertaining which pupils over the age of two require special educational treatment, and as it is essential that all handicapped pupils are discovered as early as possible, our efforts are concentrated to this end.

The School Health Department learns of these handicapped pupils from various sources:

1. The Principal School Medical Officer receives a report on every child seen by the Paediatrician. Thus a handicapped infant, e.g. who has a spastic paralysis, is notified to the School Health Section very early; these children are visited very frequently by the Health Visitor and examined at regular intervals by the School Medical Officer. During this pre-school period the opportunity is taken to educate the parents in the care of the child within the community, and also to accustom them to the idea that their child might require special educational treatment, whether it be in ordinary Day or Residential Special School. For the success of this scheme co-operation is essential between all medical and social agencies dealing with the handicapped child, and in Lincoln we are fortunate because a very cordial relationship exists between the Paediatrician, General Practitioners and the School Medical Officers.
2. A further source is the routine medical inspection, and in the future it is hoped more time will be spent at this inspection to discuss with the Head Teacher and the parents the progress of handicapped pupils who are receiving their education in a normal school.

The following handicapped pupils were ascertained during the year:

Partially Hearing	..	..	..	..	..	2
Physically Handicapped	..	..	..	..	..	4
Delicate	..	..	..	..	..	5
Educationally subnormal	..	..	..	..	..	31
Maladjusted	..	..	..	..	..	7

One partially sighted boy, who has been a pupil at the East Anglian School, Great Yarmouth for the past four years was fitted with contact lenses during the year and these have improved his vision to such an extent that he is now able to return to a normal school in Lincoln.

Although the policy of the Local Education Authority is to educate as many of the handicapped pupils as possible in a normal school environment, nevertheless it is still necessary to place a number of handicapped pupils in either day or residential special schools.

The following table shows the number of children ascertained as in need of special educational treatment in Lincoln, and the schools in which they are placed:

Blind

1 child is in a special school:

Birmingham Royal Institution	1
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Partially sighted

7 children are in special schools:

East Anglian School, Great Yarmouth	4
Exhall Grange, Coventry	..	..	2
St. Vincents School, Liverpool	..	..	1

Deaf

3 children are in special schools:

Royal School for the Deaf, Derby	..	..	2
Burwood Park School, Surrey	..	..	1

Partially hearing

8 children are in special schools:

Maud Maxfield School, Sheffield	2
Partially Hearing Unit, Boultham School, Lincoln ..	6

Educationally subnormal

118 children are in special schools or classes:

St. Christopher's, Lincoln	114
Rudolph Steiner, Aberdeen	1
Hilton Grange School, Leeds	1
Seacroft School, Skegness	1
Stubton Hall, Newark	1

Epileptic

One child is in a special school.

Lingfield Hospital School	1
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Maladjusted

8 children are in special schools

Deighton Close, Louth	5
Brookside School, Shropshire	1
Clwyd Hall School, Denbigh	1
Stretton House, Chesterfield	1

Physically handicapped

24 children are in special schools:

Lincoln Open Air	18
Irton Hall School, Cumberland	1
Hesley Hall, Doncaster	3
Exhall Grange School, Coventry	2

Speech Defect

No child required special residential schooling on account of this condition.

Delicate

31 children are in special schools:

Lincoln Open Air	31
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The following handicapped pupils were awaiting admission to special schools in December, 1967:

Educationally subnormal	14
Maladjusted	3
Delicate	2

PARTIALLY HEARING UNIT

The Unit for Partially Deaf Children at Boultham Infants School is in the charge of Miss E. E. Norris and I am indebted to her for the following report:

Report on the work of the Partially Hearing Unit during 1967

In December, 1967 eight pupils were attending the Partially Hearing Unit and two of these were from the County areas.

Arrangements were made for the two older boys from the Unit to attend Boultham Junior School each afternoon so that they could participate in

games, physical education, craft and social activities with hearing children of their own age. These times were extended in November to include a Monday morning, as the Teacher of the Deaf's session at the E.N.T. Clinic at the County Hospital was changed from afternoon to morning. The two younger boys of junior age attended the Junior School for three games and physical education lessons per week.

The children of infant age continued to join the hearing classes of their own age in the Boultham Infant School for games, music, physical education and creative activities and also to mix with the hearing children at playtimes and dinner times. In this way they learn to take their place in a hearing community and to receive stimuli from the company of normal children.

The Teacher of the Deaf continued to attend the E.N.T. Clinic at the County Hospital for one session weekly to assist in the assessment and training of children suspected of having a hearing defect.

Five children wearing hearing aids are attending normal schools in Lincoln and the majority of these children are reported by their teachers to be making satisfactory progress in school.

CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION AT SCHOOL

Eight children were ascertained during 1967 as unsuitable for education at school.

Reports in respect of these children were sent to the Local Health Authority (Mental Welfare Section).

SPECIAL SCHOOLS IN LINCOLN

Open Air School

This school provides accommodation for about 90 children.

The numbers of children on the roll and those admitted and discharged during the year were as follows:

Number on the roll December, 1967	..	..	49
Number of children admitted during 1967	..	..	12
Number of children discharged during 1967	..	..	11
Number of children died during 1967	..	..	1

Included in the above figures are three children from County areas who attend the Open Air School.

The medical condition of the children for which this type of education was necessary was as follows:

General Debility	..	..	..	..	..	15
Bronchitis	..	..	..	..	..	5
Asthma	..	..	..	..	..	8
Sequelae of Poliomyelitis	..	..	..	..	..	1
Haemophilia	..	..	..	..	..	1
Congenital Heart	..	..	..	..	..	1
Cerebral Palsy	..	..	..	..	..	3
Hydrocephalus	..	..	..	..	..	1
Orthopaedic defect	..	..	..	..	..	6
Fibrocystic disease	..	..	..	..	..	3
Spina Bifida	..	..	..	..	..	3
Miscellaneous	..	..	..	..	..	2

A number of the children in the above categories have been admitted to the Open Air School partly because of their specific disability and also because in some cases the family background is unsatisfactory and contributes to or exacerbates the disability which is present.

A Medical Officer visits the school on four occasions each term, and a School Nurse visits from time to time as the need arises.

DAY SCHOOL FOR EDUCATIONALLY SUBNORMAL CHILDREN

A purpose built school for educationally subnormal children was completed during 1966 and has been named St. Christopher's. A Diagnostic Unit attached to the school was opened in 1967.

St. Catherine's, the old school for educationally subnormal children which St. Christopher's has replaced, retained a few of the older pupils until the early part of 1967, but was finally closed on 11th April, 1967, when the few children remaining there either left for employment or were transferred to St. Christopher's.

At the end of 1967, there were 135 pupils in St. Christopher's School as follows:

Lincoln E.S.N. children	..	..	..	..	114
County E.S.N. children	..	..	..	..	16
Diagnostic Unit	..	..	..	..	5

The Diagnostic Unit is proving to be particularly useful in the assessment of those borderline cases whose future placement is somewhat doubtful. In the past there has been no means of accurately assessing these children, but they can now be admitted to the Unit for an indefinite period for observation and testing. Six children were admitted during 1967 and one was subsequently transferred to the Special Unit at the Lawn Hospital.

NURSERY SCHOOLS

The two nursery schools have been supplemented by nursery classes at two Infants' Schools. The children admitted to the nursery classes have been in the main, children of women who have returned to school teaching.

The average attendances during the year were as follows:

	<i>Average Attendance</i>			
St. Cuthbert's Nursery School	39.1
St. Giles Nursery School	37.2
St. Botolph's Nursery Class	20.3
Hartsholme Nursery Class	18.2

All children are medically examined on entry and a medical officer visits at regular intervals to see new entrants and to examine other children when required.

THE CHILDREN AND YOUNG PERSONS' ACT, 1933

233 children were examined for Employment outside school hours as compared with 229 in the previous year, mainly for the purpose of licensing for newspaper delivery. Of this number no child was found to be unfit for employment.

HOME TEACHING

During 1967 2 children (1 with a skin disease and 1 with fibrocystic disease) were taught at home during the year.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

96 teachers appointed to the Authority's staff were medically examined during the year.

81 students were also examined in connection with their entry to Training Colleges.

DEATHS OCCURRING IN CHILDREN OF SCHOOL AGE

It is sad to record the death of three children during the year. The causes of death were as follows:

Accident (motor vehicle)	..	..	..	1
Hydrocephalus	..	..	..	1
Fibrocystic disease	..	..	..	1
				<hr/>
Total	..			3
				<hr/>

HEALTH EDUCATION

On 1st April, 1967 a Health Education Officer commenced duties part-time. This made an improvement in the Health Education Service offered to schools, and the service could be further extended if more time was available.

All the Secondary Modern Schools were visited, and three of the Grammar Schools.

A full programme of Health Education was carried out in one of the girls' secondary modern schools, which included personal hygiene, mothercraft, the principles of first aid and home nursing, Local Authority Welfare Services and School Health, safety in the home, family and personal relationships.

Special talks on sex education and normal development of the child were given in one of the girls' secondary modern schools, and one of the girls' grammar schools.

A programme of first aid, and personal and general hygiene was carried out in a boys' secondary modern school; this is a new venture.

As an experiment four films made for junior school children on "The body and its parts" were shown in one of the junior schools with considerable success. It is hoped to extend this service of health education to other junior schools and perhaps the infants schools.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Continued improvement in the state of the children's teeth has been noticed during the past year. The percentage requiring treatment subsequent to school inspection is the lowest in twenty years and comparable to the best post-war period. It stands at 40.3% and represents to a certain degree the very considerable effort in the field of Dental Health Education which the service has carried out during the past four years, and also the intensive prophylactic and conservation measures provided by our clinics.

A comparison with previous years shows the following figures so far as requirements are concerned:

1964	..	..	..	..	..	..	82.3%
1965	..	..	..	..	..	..	66.6%
1966	..	..	..	..	..	..	50.6%
1967	..	..	..	..	..	..	40.3%

In other words, a dramatic change has taken place and it is to be hoped that the service will be able to sustain this improvement even further, in particular since the dentist population ratio within the City has improved so far as the General Dental Service is concerned.

Our staffing position at the end of the year has deteriorated, one Dental Officer having left the service and our Dental Auxiliary having resigned, thus leaving only the Central Dental Clinic in operation. However, measures are being taken to bring the Ravensdale Clinic back into operation as soon as possible.

No improvement as regards the establishment of a Consultant Orthodontist has taken place during the year and this has resulted in an ever increasing demand upon our service for treatment of this nature. Fortunately, it has been possible from time to time for the Principal School Dental Officer to attend Mr. P. Benzies' clinics at the Scunthorpe War Memorial Hospital to discuss cases and receive advice and I am most grateful to him for his kindness and co-operation during the past year.

I would like to thank the members of my staff, the Principal School Medical Officer and Chief Education Officer and their respective staffs for support and encouragement during the year.

G. A. VEGA,

Principal School Dental Officer.

DENTAL HEALTH EDUCATION

At the commencement of this year much time was spent on the preparation and detailed planning of the City's Dental Health Week. Programmes were planned, material ordered and distributed to all the City's schools, doctors, dentists, hospitals, libraries, local shops and stores and the Health and Education Departments. Visits were made to all primary schools in the City and to several of the Grammar and Secondary Modern Schools in order to discuss the programme and arrangements for the Dental Health Week, which commenced on the 22nd May.

During the Dental Health Week displays were mounted in the dental surgeries and waiting rooms, Maternity and Child Welfare Clinics and the City's Libraries. Articles were written for the local press.

Mr. P. Picton (Pierre The Clown), sponsored by the Fresh Fruit and Vegetable Council, gave talks to children in Special Schools and all Infant and Junior Schools. Over 8,000 apples were received free of charge from the Fresh Fruit and Vegetable Council and one was given to every child attending the above schools after Mr. Picton's visit.

Miss D. Land, Lecturer on Dental Health, Oral Hygiene Service, London, visited selected senior schools to give talks on Oral Hygiene and Careers in the Dental Service.

At the commencement of each school term all new entrant children received oral hygiene instruction and a letter to take home to their parents giving advice on children's dental care. The Dental Health Puppet Show was performed at several Infant and Nursery Schools.

Summary of Dental Inspections and Treatment carried out during 1967

	1967	1966
Inspections		
First inspection at school (No. of pupils)	13341	12387
No. found to require treatment	5382	6268
Pupils requiring treatment	40.3%	50.6%
Pupils referred for treatment	83.6%	86.39%
Accepted treatment	43.8%	48.51%

Sessions

Sessions devoted to treatment	1463 $\frac{1}{2}$	1614
Sessions devoted to inspection	100 $\frac{1}{2}$	91
Sessions devoted to Dental Health Education ..	469	370

Attendances and Treatment

First visit	3140	3253
Subsequent visits	5609	6931
Total visits	8749	10184
Additional courses of treatment	128	183
Fillings in permanent teeth	6771	8086
Fillings in deciduous teeth	4081	4251
Permanent teeth filled	5162	6046
Deciduous teeth filled	3590	3596
Permanent teeth extracted	623	604
Deciduous teeth extracted	2170	1405
General anaesthetics	346	228
Emergencies	859	631
No. of patients X-rayed	444	291
Prophylaxis	1377	1085
Teeth otherwise conserved	1081	709
No. of teeth root filled	24	17
Inlays	9	—
Crowns	35	19
Courses of treatment completed	2901	2599

Orthodontics

Cases remaining from previous year	19	28
New cases	87	65
Cases completed	68	73
Cases discontinued	6	1
No. of removable appliances	93	67
No. of fixed appliances	4	2
No. referred to hospital consultant	4	1

Prosthetics

Pupils supplied with F.U. or F.L. (first time) ..	2	3
Pupils supplied with other dentures (first time) ..	23	21
No. of dentures supplied	25	24
Anaesthetics administered by Dental Officers ..	—	1

Lincoln Average compared with the National Average

	<i>Lincoln</i> %	<i>National</i> %
Percentage inspected at School Inspections (first time in year)	99.7	48.3
Total No. inspected at school and clinic (first time in year)	100.0	55.1
Percentage requiring treatment	40.3	67.3
Percentage of school population treated	22.6	17.3

Work per session including Auxiliary

Fillings	7.4	5.6
Extractions	1.9	2.3

Ratio of teeth filled to teeth extracted

	<i>Lincoln</i>		<i>National</i>
	1967	1966	
Permanent	8.28 : 1	10.09 : 1	5.3 : 1
Deciduous	1.7 : 1	2.56 : 1	0.6 : 1
Overall	3.5 : 1	4.8 : 1	2.2 : 1

(NOTE: When discounting orthodontic extractions, the overall ratio is 4.72 : 1).

WORK OF THE CHILD GUIDANCE CLINIC

I am indebted to Dr. J. S. Edmondson for the following report of the work of the Child Guidance Clinic during 1967.

"During this year three principle changes took place in the running of the Clinic; the first being the appointment of Miss Foster in the capacity of Social Worker; the second was the appointment of a new Consultant in Child Psychiatry for the area who took up duties at the Clinic to enable the previous Consultant to spend some of his time taking charge of the newly opened Child Psychiatric In-Patient Unit at The Lawn Hospital. The third change is that arrangements were made for an out-patient's session in child psychiatry to be held at St. George's Hospital, mainly for the purpose of seeing patients referred from nearby parts of Kesteven which it had always been difficult to manage satisfactorily from the Clinic owing to the fact that the services of the School Psychologist and the Social Worker were not available for these children. At the same time patients from nearby parts of Lindsey previously seen at the Clinic are to be seen at the new Clinic in Gainsborough. In consequence, the number of psychiatric referrals in the latter half of 1967 fell off in comparison with the previous year, although it continues to be a heavy load particularly as the number of consultant psychiatric sessions at the disposal of the Clinic have been reduced from four to three in view of the fact that the reduction in the number of referrals was anticipated following the re-arrangements of the work above outlined.

The figures (for the last half of 1967 only) are 37 new patients seen with 169 follow up appointments for children and 156 for parents. For the whole year there are 94, 395 and 445 respectively.

The work of the psychiatric team has continued to follow the change in pattern noticeable over the past few years, in which frequent referrals are made for the purpose of diagnostic assessments of the patient's intellectual and emotional needs so that the correct placement can be made for children with educational or emotional problems.

Much of this work is done in close conjunction with the Educational Psychologist and the strain on the services of a psychologist have increased considerably over the past few years, particularly as it is becoming more and more appreciated that for any type of educational service to function efficiently very accurate assessment and placement is required.

For this type of work to prove fully effective a fairly elaborate system of easily available special environments is needed, and we are indeed fortunate that many special facilities are now available in the area. They were enhanced enormously when Deighton Close School for maladjusted boys was opened in Lindsey, and several patients who had previously been almost uncatered for have been admitted there and a very rapid improvement has been noticed in nearly all cases.

It is equally clear that it is the dull maladjusted and the delinquent maladjusted patients that continue to need considerably more help than they are receiving at present and it is to be hoped that the development of specialised education and environments will continue to be put in hand at the earliest available opportunity. Such provisions would not only enable many delinquent children to be handled properly before they deteriorate sufficiently to warrant admission to an approved school, but the principle of residential education during term-time with frequent visits home at week-ends and holidays provides a better alternative for many children who would otherwise need to be taken into care with all the attendant problems of separating the child from his parents and expecting untrained foster-parents to cope with the behaviour of an already disturbed child. It is not always appreciated that many children become disturbed not because the home is intrinsically bad in all its facets, but because it cannot cope with a particular form of abnormal behaviour; nor is it appreciated widely enough that a lot of foster-parents cannot cope with many of these problems either. Residential special schools seem to provide an excellent answer in many cases.

It will be seen from this that the services of a diagnostic unit are likely to increase the more it becomes necessary to make accurate assessments of increasing numbers of children and to place them in their correct supportive environment.

There remain, however, a group of emotionally disturbed neurotic or psychotic children for whom intense psychiatric treatment is called for and some of this is more usefully carried out in an in-patient unit and we are indeed fortunate in having the facilities of such a unit ready to hand, where accurate diagnosis and treatment of more disturbed children can be carried out. This Unit was opened at The Lawn Hospital in the summer and takes a total of twelve in-patients and one or two day patients.

Of the clinic itself, the chief immediate needs are to increase the strength of the educational psychological staff, and also of the secretarial staff as adequate secretarial provision increases the total efficiency of the Clinic and enables other members of the team to do more work more quickly."

SPECIAL UNIT AT THE LAWN HOSPITAL

I am indebted to Dr. G. McK. Nicholl for the following report on the Special Unit for maladjusted children at The Lawn Hospital, Lincoln.

"The Lawn Unit is now working at full capacity. We have 12 children under twelve living in and two children attending daily. Of the living in children one is now going out to an ordinary school as part of the rehabilitation plan. Children come in on a Monday morning and go home on a Friday evening, but the unit is open at weekends when necessary. In this way we are

able to see parents every week and keep the child in touch with his home. The child is therefore rehabilitated from the start rather than at the end of his admission. The problems we deal with vary from a diagnostic assessment of the severely withdrawn child to accepting the acute school refuser or behaviour problem. Duration of stay is on the average about three months and this is essentially a short term unit."

Three children from Lincoln are included in the total number of children attending the unit at the end of 1967. Two were resident and one a day patient.

INFECTIVE HEPATITIS

In 1967, Infective Hepatitis was still not a notifiable disease despite pressure from many sources on the Ministry of Health that it should be made notifiable.

Early in 1967, information was received from various sources suggesting that there was an increasing incidence of this condition in the Lincoln schools. Several cases occurred in the St. Giles area and schools in the South of the City were also affected. There seemed to be a high incidence amongst children in the Primary Schools and in several instances, more than one case occurred in the family.

In view of the lack of precise information about the epidemiology of this infection, it has not been possible to take any action to control the spread of the disease. Furthermore, it was not until the latter part of the year that it became apparent the incidence was in fact greater than was normal. When this became clear, a request was made to the Ministry of Health for the disease to be notifiable. This request was granted, but notification did not come into operation until February, 1968, and therefore accurate information is not available as to the number of cases occurring amongst school children in 1967.

In one School (Birchwood) it was decided to use Gamma Globulin in a field trial to determine its effectiveness and the results are set out below:

Report on the use of Gamma Globulin in an outbreak of Infective Hepatitis — Field Trial for Epidemiological Research Unit, Colindale

Infective Hepatitis is not a notifiable disease in Lincoln and it was not until the end of April, 1967 that it was known that five children at Birchwood Primary School had been ill with the disease. The first case occurred on 8th March, the second on about 17th March and the following three in April.

Birchwood Primary School was completed in the Summer of 1965 and the first pupils were admitted on 1st September. The school, which is built in the centre of a new housing estate, has both infant and junior departments and the method of teaching is the 'family grouping system' whereby children in the same family are kept in the same class (at least so far as the infants are concerned). Consequently the age range for each infant class or group would be 5 — 8 years and in the junior department 8 — 11 years.

The school had 326 pupils on the roll at the time of the trial and these were in six infant groups and three junior groups.

Each group had its own lavatory and washing facilities. Approximately half the children had school dinners each day, the infants at the first sitting and the juniors at the second.

The number of children in each group was as follows:

					<i>Male</i>	<i>Female</i>	<i>Total</i>
Infants: 1	..	..	..	..	22	20	42
2	..	..	..	..	25	17	42
3	..	..	..	..	23	18	41
4	..	..	..	..	22	20	42
5	..	..	..	..	21	19	40
6	..	..	..	..	17	23	40
Juniors: JI (M)	..	..	..	..	10	13	23
JI (P)	..	..	..	..	9	14	23
JII	..	..	..	..	11	22	33
					160	166	326

On 28th April a letter was sent to the parents of each child offering immunisation with gamma globulin, and it was explained in the letter that sufficient material would be available for only half the pupils. Forms of consent were to be returned to the Headteacher by 1st May.

Consents were received for 293 children and these were divided into children born on odd dates (149) and those born on even dates (144).

The children born on odd dates in each month were the ones selected for immunisation and the ones born on the even dates were to be the controls.

Injections were carried out at school on 2nd May and 136 children were each given 250 mg. gamma globulin, there being 13 absentees on that date.

Two days later a medical officer visited the school to immunise the absentees. 8 of these were still absent and the 5 present were injected, bringing the total of children immunised to 141.

The following table summarises the position:

<i>Total Number of children</i>	<i>Number of consents</i>	<i>Number of children immunised</i>	<i>Number of children not immunised</i>
326	293	141	185

Surveillance of the school was carried out for six months after the immunisations with the following result:

Amongst the 141 children who were immunised no case of infective hepatitis occurred.

Amongst the 185 children who were not immunised, five cases occurred as follows:

9th June	Girl	6½ years	Group 3
9th June	Boy	5½ years	Group 5
12th June	Girl	4¾ years	Group 5
12th June	Boy	5 years	Group 5
14th July	Girl	6 years	Group 6

The school closed for the summer holiday on 27th July and re-opened 7th September.

No further case occurred up to the end of the year.